“Use of the Vineland Adaptive Behavior Scales in the assessment of intellectually disabled complainants in sexual abuse cases in the Western Cape”

by

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Abstract

Drawing on a sample of 642 complainants who were people with intellectual disability who had been sexually abused, the assessment records, psycho-legal reports and clinical comments of the psychologists involved in their assessment were the data used to assess the usefulness of the Vineland Adaptive Behavior Scales in a South African context. The sample group were racially diverse and represented three of the languages commonly used in the area and participants were predominantly from a low socioeconomic background. A selected portion of the sample, (n=321) using the Vineland Adaptive Behavior Scales Second edition (VABS II), was more closely examined. When measured against the range of disability measured by IQ score and the clinical diagnosis of the psychologist, the VABS II was found to be a useful and valid instrument for use in people up until the age of 22. Substantial floor effects for adults over the age of 22 (n=96) were found. Using the rationale of adults, including those with intellectual disability, reaching asymptote by age 22, recommendation was made for the younger adult norm tables to be used, where the floor effect was not pronounced. This was found to be a clinically effective solution. On examination of the newly published third edition, the same difficulty was found. Clinical item analysis identified the useful items and the items needing adjustment for reasons categorised as linguistic, contextual or lacking opportunity in this context. The relevance of valid assessment of adaptive functioning, in a psycho-legal context, was illustrated by case examples.

Abstract – Afrikaans

Die studie is gebaseer op 'n steekproef van 642 klagtes van persone met intellektuele gestremdheid, wat seksueel misbruik is. Die data van assesseringsrekords, psigo-regsverslae en kliniese opmerkings van die sielkundiges wat by hul assessering betrokke was, is gebruik om die bruikbaarheid van die Vineland Adaptive Behavior Scales in 'n Suid-Afrikaanse konteks te evalueer. Die steekproefgroep was divers in terme van rasverskeidenheid en verteenwoordigend van drie van die tale wat algemeen in die gebied gebruik word en deelnemers was hoofsaaklik van 'n lae sosio-ekonomiese agtergrond. 'n Gekose deel van die steekproef, (n = 321) wat met behulp van die Vineland Adaptive Behavior Scales Tweede uitgawe (VABS II) geëvalueer is, is van naderby ondersoek. Toe die VABS II gemeet is teen die omvang van gestremdheid gemeet deur IK-telling en die kliniese diagnose van die sielkundige, is die VABS II as 'n nuttige en geldige instrument vir gebruik in mense tot en met die ouderdom van 22 gevind. Beduidende vloer-effekte vir volwassenes ouer as 22 (n = 96) is gevind. Met die gebruik van die rasionaal dat volwassenes, insluitende diegene met intellektuele gestremdheid, ’n asimptoot bereik teen ouderdom 22, is ’n aanbeveling gemaak dat die jonger volwasse normtabelle gebruik word waar die vloer-effekte nie merkbaar was nie. Daar is gevind dat dit 'n klinies-effektiewe oplossing is. Met die ondersoek van die nuut gepubliseerde derde uitgawe is dieselfde probleem gevind. Deur middel van kliniese itemanalise is die nuttige items geïdentifiseer en die items wat aanpassing benodig vir redes, wat beskryf is as taalkundig, kontekstueel of ontbrekend-aan-geleentheid-in-hierdie-konteks, gekategoriseer. Die toepaslikheid van geldige assessering van aanpassende funksionering, in 'n psigo-regskonteks, is geïllustreer deur gevalle-voorbeelde.

Declaration

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that the reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Chapter One: Introduction

1.1. The stories

Sarai[1] is a 16-year-old adolescent who lives with an aunt on a small wine farm in a rural area outside of Cape Town. Her mother was a seasonal worker living and working on the same farm. Part of her wage was paid in wine and she has a significant drinking problem. During her pregnancy with Sarai, which was unplanned, she drank heavily, especially on the weekends after pay day. Sarai's father denied paternity and had moved into the nearby town to look for work. Sarai knows who he is but has little contact and no support from him. Her aunt took over her care when Sarai was found repeatedly neglected and hungry. Her mother left the farm and the family have lost contact with her. Sarai attended the small farm school for a year or two but was sent home with the message from the teacher that she was not able to learn and her progress was too slow. Sarai spends her days helping with household chores. Sarai was found to be pregnant and she disclosed that one of the other farm workers had repeatedly raped her and threatened to kill her if she told anyone. She had been too afraid to tell her aunt.

Themba is a 10-year-old boy. He was born in the rural Eastern Cape. The village where his mother lived had no local clinic and she received no antenatal care. He was born at home after a long and difficult labour. His mother came to Cape Town with the hope of finding work. She works long hours at a fast food outlet and lives in a shack with no sanitation or running water. She has to leave for work very early to allow for the hour and a half commuting time and arrives back after dark. Themba attends a local school but he has always struggled, having to repeat grades. He has been on the waiting list to be assessed by

[1] Names used are pseudonyms and the stories are composite in nature, drawn from many client narratives.

the school psychological services for three years. On the way home from school he was way laid and gang raped by four teenage boys. His mother found him on her return from work, bleeding and crying.

Madelaine is a 35-year-old woman. She lives in a residential facility for people with intellectual disability. Her mother was 42 when she conceived Madelaine and discovered that Madelaine had Down syndrome during her pregnancy. She was offered a termination of pregnancy but decided against it. Madelaine attended a school for learners with special educational needs but was given no sex education. Madelaine has lived in the residential facility since her early twenties. It recently came to light that one of the care workers at the facility had been offering various residents chocolates as payment for sex. Madelaine was one of the residents. She was distraught as he had told her that he loved her and she felt hurt and betrayed.

1.2. The research

The research that follows includes a sample of 642 people with intellectual disability who had laid charges of rape or sexual assault in the Cape Town metropole in South Africa and surrounding rural towns and farms between 2005 and 2013. The police or the courts had referred them to a mental health, community based organisation, Cape Mental Health. The Sexual Abuse Victim Empowerment (SAVE) programme has been run since 1990 by this organisation, to assist people with intellectual disability who had been sexually abused, and their families, who were wanting to access the justice system.

1.3. The stories and the research

The biographical cameos that begin this thesis are described to embed this research in the lived reality of the clients who are the participants. It is an attempt to acknowledge their lives and to acknowledge that I, the author, am not classified by my community as intellectually disabled and I have not experienced sexual trauma. I have only had the

opportunity to spend a few hours with each person and their caregiver, listening to the story of their lives and being witness to their pain. The stories are composite, constructed from the experience of the clinical psychologists who listen and observe and share with each other as they work towards trying to understand each person's reality, which will be documented in a psycho-legal report and then be presented to the court under examination in a bid to advocate for their right to tell their story and receive redress.

What follows is an academic document, filled with figures and definitions, classifications and terminology. It is important to acknowledge at the start that the purpose of this research is about working towards providing them access to justice, it is holding them in mind, in humility at their courage, in the face of odds that can barely be imagined. Goodley (2017) writes: "As soon as we start thinking through the meaning, experience, treatment and enactment of the impaired body or mind we peel away the socio-cultural layers that enwrap the phenomena… Impairment evokes deep psychological feelings about minds and bodies… the notion that some bodies/minds are flawed and others not… minds/bodies can only be understood as intersecting with other identities" (p. 36).

1.4. The context

A number of clinical psychologists are employed to work for the organisation, Cape Mental Health, (CMH), a day a week in order to provide a psychological assessment and submit a psycho-legal report for clients referred by the police and courts. There are three main questions asked and answered in the report:

What is the nature and severity of the intellectual disability?

Is the client able to testify and be a competent witness in court?

Is the client able to consent to sexual intercourse?

1.5. The problem

In the course of the assessments and over time, it became increasingly clear that the clinical evaluation and conclusions, following the assessment by the clinical psychologist, in some instances, differed from the findings of the adaptive behaviour[2] assessment tool, the Vineland Adaptive Behavior Scales, the first edition of 1984 (Sparrow, Balla, & Cicchetti, 1984) (VABS) and the second edition published in 2005 (Sparrow, Cicchetti, & Balla, 2005) (VABS II), particularly for the adult clients. Further, towards the end of the research process, the third edition of the Vineland Adaptive Scales was published (Sparrow, Cicchetti, & Saulnier, 2016) (VABS 3). Assessment of adaptive functioning is recognised as a key element alongside the evaluation of cognitive functioning in the diagnosis of intellectual disability and in estimating its severity in order to align the level of support needed.

Ethically, as clinical psychologists, we have a responsibility to provide as accurate an estimation in answer to these three questions as we can. We have a responsibility to our clients and their families and the court. We enter court and take an oath to tell the truth. When our tools and our clinical judgment differ, we are called to give account. It became increasingly clear that the problem needed further examination.

1.6. Relevance of the research

Sexual violence and abuse is a worldwide problem (Dartnell & Jewkes, 2013). People with intellectual disability are particularly vulnerable to sexual abuse (Murphy, 2016). Due to their decreased ability to estimate risk and gullibility, they are socially vulnerable (Greenspan, 2010). There is a tension between protecting people with intellectual disability from exploitation whilst also providing sex education and promoting sexual autonomy

[2] Behaviour is the preferred spelling unless in relation to the Vineland Adaptive Behavior Scales, another test name or a direct quote.

(Kramers-Olen, 2016). In providing access to legal redress, there is an opportunity for the person to say no, that this was not what they wanted, it was not consensual. Access to legal process is based on the ability to give evidence or to testify. Perceptions and understanding of intellectual disability by the police and court are critical to the possibility of taking the matter to court. Education, advocacy and providing appropriate support can open opportunities for people with intellectual disability. Qualitative and quantitative description of the nature and degree of intellectual disability can assist the court to provide access to the legal and justice system.

Mercier, Saxena, Lecomte, Cumbrera, and Harnois (2008) state that "The low and middle income countries are particularly at a disadvantage (in regard to data on persons with ID), with a high proportion of countries without any documentation of ID, or any management systems, epidemiological data or national research capacities" (p. 87). They make particular reference to judicial protection, availability and access to services, government benefits and financing.

Further, research activity in the field of intellectual disability in middle and low income countries is difficult, given constrained resources and high clinical demand and despite an increased prevalence of intellectual disability compared with high income countries. Much of what we know about intellectual disability is from research in high income countries and extrapolated (Adnams, 2010; Tomlinson et al., 2014). This research hopes to add to the voice from middle and low income countries in terms of describing the challenges of a high incidence of intellectual disability and sexual abuse and constrained psychological resources. In a context of limited professional personnel and high clinical load, the effectiveness and efficiency of the psychological tools and measurement instruments we use is of importance. It is also an opportunity to describe the importance of reflective psychological practice.

1.7. Aims of the research

The research aims to address a clinical problem and seeks to answer questions of clinical utility for the Vineland Adaptive Behavior Scales. The aims are as follows:

1. To evaluate the published norms of the VABS and VABS II in terms of their use in this particular South African context and their usefulness in discriminating different ranges of intellectual disability, using the intelligence quotient (IQ) derived from the Individual Scale for General Scholastic Aptitude (ISGSA), the documented diagnosis of the evaluating clinical psychologist and the standard score of composite adaptive functioning of the VABS and VABS II.
2. To explore the relationship between language, gender, age, socioeconomic status, geographic distribution, access to education and trauma with the standard score of composite adaptive functioning of the VABS and VABS II.
3. To critically evaluate the floor effect evidenced in the norm tables for adults and examine the sensitivity and specificity of the VABS II for a sample of intellectually disabled adults and compare with the norm tables for adults of the Vinelands-3 (VABS 3) published in 2016.
4. To determine what information is used in the psycho-legal report, which was captured through the use of the VABS II.
5. To examine and compare the VABS II (2005) with the new edition VABS 3 (2016), using the change in item additions and modifications through the two editions.
6. To examine and identify those items which may need contextual and or linguistic adaptation for this group of clients and to assess to what extent these have been addressed or adapted in the latest edition, the VABS 3.

1.8. Previous research

Although the VABS has been investigated as a tool for use in many different contexts and used in a wide number of research endeavours, some of which are detailed in the literature review, there was no literature found detailing its use in this particular context. It has been reported on in a forensic setting, usually pertaining to perpetrators or offenders (Hayes, 2005; Tassé et al., 2012). There is research pertaining to the person with intellectual disability within the justice system (Mason & Murphy, 2002; McAfee & Gural, 1988; Søndenaa, Rasmussen, & Nøttestad, 2008), and specifically to those who have been sexually abused and their relationship with the justice system (Beckene, Forrester-Jones, & Murphy, 2017; Bornman, White, Johnson, & Bryen, 2016; Bottoms, Nysse-Carris, Harris, & Tyda, 2003; Kennedy, 2003; Pillay, 2012). There is research interest in issues of competency as a witness and the ability to consent, internationally, and in the South African context (Dickman, 2013; Kennedy, 2003; Pillay, 2012; Valenti-Hein & Schwartz, 1993; Van Niekerk, 2014).

Much of the research regarding the use of the VABS pertains to children, but there is a growing interest in the ongoing trajectory of adaptive functioning amongst adults with intellectual disability (Fusar-Poli et al., 2017; La Malfa, Lassi, Bertelli, Albertini, & Dosen, 2009; Matson, Rivet, Fodstad, Dempsey, & Boisjoli, 2009; Widaman, Borthwick-Duffy, & Little, 1991). Research within the specific context of the SAVE programme has focused on the court process and outcomes (Cape Mental Health, 2008; Dickman & Roux, 2005), and the relationship between sexual abuse, intellectual disability and trauma (Jasson, 2009; Kwendakwema, 2009; Linden, 2010; Mackenzie, 2010).

1.9. Research design

In order to answer the research questions and meet the aims of the research, a mixed design, including quantitative and qualitative data, was chosen. With the clear understanding

of the non-confidential nature of the psycho-legal report, as it is in the public domain as a court document, by the client and their family, permission was given by the organisation (CMH) together with ethical permission from the Faculty of Health Sciences Ethics Committee (S17/01/003, refer to Appendix M). Data were gathered retrospectively from cases seen at CMH in the SAVE programme between 2005 and 2013. Data from the psycho-legal reports, case files and protocols were entered into a database. Identifying information was removed to further protect privacy. The psychologists involved in the assessments independently scored items of the VABS II and took part in a discussion to identify useful and difficult items in the tool. This information was transferred onto a spreadsheet and transcribed and analysed. The psycho-legal reports were examined for reference to particular items of the VABS II. This was documented by an experienced psychologist. Descriptive, statistical and clinical item analysis followed of the data collected.

1.10. Layout of the dissertation

1.10.1. Chapter One: Introduction

The current chapter introduces the dissertation.

1.10.2. Chapter Two: Constructs and Measurement

The chapter that follows describes the relevant literature in terms of definitions and constructed understandings of disability, intelligence, intellectual disability and adaptive behaviour. It describes the assessment of intellectual disability, adaptive behaviour with a focus on the history, development and use of the VABS tools and the further editions of the VABS. The chapter ends with a section describing pertinent issues when thinking about intellectual disability within a psycho-legal context.

1.10.3. Chapter Three: Context

The third chapter continues the literature review but changes focus to a contextual understanding of the research. It begins with a brief historical review of South Africa,

looking at the long term effects of political and economic systems. The prevalence of intellectual disability, protection of human rights and applicable legal protection and laws pertaining to people with intellectual disability in South Africa follows. Psychological assessment of intellectual disability in the South African context is described. The problem and prevalence of sexual abuse in South Africa is described with particular focus on people with intellectual disability and their access to justice. The chapter ends with a description of the organisation and the SAVE programme and previous research which has focused on outcomes of the legal process, trauma, behavioural difficulties and dual diagnosis of psychiatric illness.

1.10.4. Chapter Four: Methodology

Chapter Four describes the methodology in detail. The aims of the research, mentioned previously, are linked to specific research questions. The methodology of the literature review is described. The description of the research design includes details of the measurement instruments, the VABS (1984), the VABS II (2005), the VABS 3 (2016) and the ISGSA, used for measurement of IQ. The qualifications of the psychologists involved in the assessment are described and the argument for using their written evaluation, as documented in the psycho-legal report, as a gold standard within the research is given. The sample is described as well as the process and criteria for exclusion. Procedure includes the assessment process from initial referral, on-going social work intervention and the psychological assessment. The psychological assessment is detailed as it provides corroborative evidence for the assessment of adaptive functioning.

The data collection is described and includes the development of an interview schedule, development of a database, data entry and classification, item classification of the VABS II and its use within a sample of the reports and a group discussion with the

psychologists. Description of the descriptive, statistical and clinical item analysis is given and the chapter ends with a more detailed description of the ethical considerations.

1.10.5. Chapter Five: Descriptive Results

A chapter of descriptive results is included. This provides a rich contextual framework for the understanding of the nature of the sample group and the commonalities which run through the lives of Sarai, Themba and Madelaine. The increasing numbers of referrals over the time period of the research, their age, language, race, rural or urban geographic location and type of housing is graphically depicted. The reported or understood cause of intellectual disability by the caregiver is reported. Graphical representation of ranges of measured adaptive functioning by the VABS and VABS II, measured IQ and comparisons between these and the conclusions of the psychologist are presented. The data collected for those assessed by the VABS II was more detailed as this was the current test in use. For this portion of the sample the nature of the charge, the motivation and ability to testify, together with level of family support regarding the legal process is described. Comparison of range of IQ, range of adaptive functioning and ability to testify is made. The chapter ends with a closer look at the range of IQ scores, range of VABS II scores, the conclusion of the assessing psychologist and the VABS II ranges in relation to age. This leads into the statistical analysis which follows in the next chapter.

1.10.6. Chapter Six: Results of Statistical and Clinical Item Analysis[3]

The statistical and clinical item analysis results chapter answers the research questions directly and takes a more detailed examination of correlation, relationships of statistical significance and variance between the ISGSA and the VABS and VABS II. This is further

[3] The term "item analysis" refers to a specific statistical method. As each item of the VABS II has been analysed for clinical utility the term chosen is clinical item analysis.

analysed against the conclusion of the assessment as recorded in the psycho-legal report. Association of variables to the VABS and VABS II is examined. These include language, gender, geographic distribution and access to education. Trauma was excluded as it was a common feature for the whole sample, as was socioeconomic groupings as most of our clients fall into a low socioeconomic group. The floor effects for adults over 22 years was examined for sensitivity and specificity and compared with the full sample and those under 22 years of age using a receiver operating characteristic curve analysis. Clinical item analysis provided results for the items within the VABS II that are identified as useful in the assessment process against those that are actually used and referred to in the psycho-legal report. This process also identified those items that were difficult and the classification of the difficulty into categories of context /culture, language and linguistics or that of no opportunity. The identified items in the VABS II were assessed against the new edition of the VABS 3 in terms of modification, deletion or retention and sequence or subdomain changes. Transcription and analysis of the discussion by the psychologists added a qualitative element to the results.

1.10.7. Chapter Seven: Discussion

This led into the discussion chapter where the results are compared with the research literature on the validity of the VABS and VABS II, both within the test manuals and in further research. Comparisons are made with findings from the literature. Items that are useful in describing everyday functioning to the court are identified and summarised and compared with what is used commonly in the reports. Summary data of changes and modifications is presented and discussed. Discussion is included regarding the constraints within developing countries, with regard to the evolution of new tests, the cost and ongoing difficulties in validating new tests for use in different cultural and language contexts. The areas of difficulty are discussed and the implications for this context. The question is raised

as to whether adaptive functioning follows a normal distribution curve with adults reaching asymptote and how this applies to adults with disability and if this affects the norming statistics used. The floor effect of norms for the VABS II is discussed and an example used with the VABS 3 to examine if the issue is addressed in the new test. Email discussion with one of the authors of the VABS 3 is included and discussed. The chapter ends with a discussion of changes in administration, the adapted use of the norm tables, the ability to testify and information uncovered through the process of exclusion.

1.10.8. Chapter Eight: Conclusion

The final chapter concludes with a summary of the major findings, a summary of the limitations of the research, areas which need ongoing and further research and recommendations for practice within the South African context. A continuation of the stories of Sarai, Themba and Madelaine and the period of involvement of the psychologist in their lives ends the chapter.

1.11. Concluding comments

Adaptive functioning and its measurement is about defining and measuring the ordinary and expected. This varies. Given that the court is structured according to what is ordinary and expected for most people, when there are differences, these need accommodation. In what way does the court need to adjust and adapt for this person to give them access to justice as is their fundamental human right?

The following research is motivated by the duty to practice ethically, in choosing the best fit in terms of instrument, using and interpreting the findings whilst considering the real contextual constraints (Floyd et al., 2015).

Chapter Two: Constructs and Measurement

2.1. Introduction

In order to better understand the contextual reality of the three personal narratives which began this dissertation, and stories like them, it is important to understand the historic and present understanding, which inform the thinking of the society in which they live, the mental health professionals who attempt to assist them and the legal professionals with whom they will interact as they seek redress and justice. This chapter will outline and describe relevant literature with regard to the constructs of intellectual disability, the assessment of intellectual disability and adaptive functioning (as sometimes referred to as adaptive behaviour) and related ideas. The measure used in the assessment of the three individuals, the Vineland Adaptive Behavior Scales (VABS) will be described, including the history of its development, use in other languages and cultures, and the strengths and limitations. The chapter will conclude with some pertinent ideas regarding intellectual disability within a psycho-legal context.

The following chapter will detail the social and historical context of South Africa and its intersection with psychological assessment, intellectual disability, sexual abuse, the law and human rights and the organisation, Cape Mental Health (CMH), to which they have been referred.

2.2. Intellectual disability

In order to begin to understand intellectual disability, it is important to take a step back and first engage with the concept of disability, then to narrow the focus to intellectual disability and further to the description of different levels of disability.

2.2.1. Definition.

The *World Report on Disability* (2011) (cited in Iriarte, McConkey, & Gilligan 2016), provides data illustrating that the global phenomenon of disability affects more than a billion

people, about 80% of whom live in the developing world and are amongst the poorest in those communities. The Convention on the Rights of Persons with Disabilities (CRPD), adopted by the United Nations General Assembly in 2006, provides a yardstick in the 50 articles it contains, as to the human rights, the "basic standards that enable people to have dignified lives and be valued for their inherent worth as human beings" (Iriarte et al., 2016, p. 2)

2.2.1.1. Disability.

In the CRPD ("United Nations Convention on the Rights of Persons with Disabilities", 2006) the following is stated, that people with disabilities are those

> [w]ho have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (p. 4)

Disability is a complex and contested concept involving legal, medical, scholarly and community definitions. In 2011, the World Health Organization (WHO) and the World Bank used the bio-psycho-social model of the International Classification of Functioning, Disability and Health (ICF) which

> understands functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental. Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors). (World Health Organization (WHO), 2001, p. 6)

Wehmeyer et al. (2008) describe five dimensions to human functioning which contribute to the person's experience of being "disabled":

1. Context: inclusive of the physical, social and attitudinal environment in which the person lives. Examples are educational opportunities, familial relationships and resources. Personal characteristics include gender, age, race, personality and lived experience. These form a unique web of interdependent context.
2. Health: the level of physical, mental and social well-being.
3. Intellect: mental capability.
4. Adaptive behaviour: skills in social, conceptual and practical domains which are utilised in everyday life.
5. Participation: functioning in society at home, at work, and in the wider community in leisure, spiritual and cultural activities.

Schalock (2011) describes that the construct of disability is understood as limited individual functioning in a social context and which represents significant disadvantage to the person. It is understood to originate from a medical/health condition which results in impairments in body functions and structures, which limits activity and restricts participation in that person's particular context and environment (Luckasson et al., 2002).

There is an increasing understanding of the significant effect societal attitudes, the social construction of illness, expected social roles and societal structures in the form of policies, laws and funding have on the person's experience. The concept of disability has evolved to include both organic and social factors which functionally impair tasks and roles expected of a person in their context (Schalock, 2011).

2.2.1.2. Intellectual disability.

Intellectual disability (ID) or Intellectual Developmental Disorder (IDD, the ICD-11 equivalent term) is defined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition of the American Psychiatric Association as "a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in

conceptual, social and practical domains" (APA, 2013, p. 33). Intellectual disability intersects with all five dimensions of functioning described by Wehmeyer et al. (2008).

The American Association on Intellectual and Developmental Disabilities (AAIDD) define intellectual disability as significant limitations in intellectual functioning and adaptive behaviours which affect the degree of autonomy and independence with which the person can function in their social world. It is evidenced before the age of 18. It is statistically understood to include those persons with a measured intelligence quotient (IQ) two standard deviations below the mean (IQ 70 or lower) (Schalock et al., 2010). Due to limited autonomy and independence, people living with intellectual disability are understood to be at higher risk to human rights abuse, including sexual abuse.

Harris (2006) describes four approaches to defining intellectual disability that can be used:

1. The statistical model: which considers the psychometric test scores.
2. The pathological model: Emphasis is on adaptive functioning and specific causes of intellectual disability.
3. The social systems model: if so labelled by the social system, commonly the school.
4. The developmental model which assesses fluid intelligence and problem solving, more commonly used in intervention than definition.

He further includes three elements to a model of intelligence: conceptual intelligence, social intelligence and practical intelligence.

Greenspan, Switzky, and Woods (2011) argue for a different approach, asking the question: "what is unintelligent behaviour?" (p. 246). They suggest that an understanding, particularly in adults with intellectual disability, that people with intellectual disability behave in ways which put them at risk as their impairments limit their ability to recognise

and avoid both physical (injury, illness) and social dangers (rejection, manipulation, victimisation). The greater the degree of intellectual disability, the greater the unawareness of risk and the need for support and protection. They use this model to explain the social vulnerability evidenced in the courts where they are either manipulated into confessing to crimes they have not committed or to participation in crime which they had little incentive to commit. They further argue that people with intellectual disability are "whole people" who cannot be fully understood in terms of their IQ scores, that academic IQ needs to be integrated with social and practical aspects of intelligence, using the term "adaptive intelligence". As an example, they use the intellectual disability phenotype of Foetal Alcohol Spectrum Disorder (FASD) who often exhibit poor social and practical judgement skills in everyday life and have been found, on neuropsychological assessment, to have deficits in executive functioning. This is a helpful insight in terms of understanding vulnerability to sexual abuse for people with intellectual disability.

Greenspan and Woods (2014) argue for use of the ICD-11 category name of Intellectual Developmental *Disorder* (emphasis added) (IDD) rather than Intellectual Disability (ID), as the name returns the emphasis to brain development and neurological impairment (be that due to genetic, birth injury, FASD or other biological causes). They argue for "…redefining intellectual disability/IDD as a biologically based disorder marked by limitations in everyday reasoning and judgement, rather than as a purely functional disability marked by seemingly arbitrary ceilings on psychometric measures that generally fail to capture the taxonomic essence of the category" (p. 13). The DSM-5 states: "IQ test scores are approximations of conceptual functioning but may be insufficient to assess reasoning in real life situations and mastery of practical tasks…thus clinical judgement is needed in interpreting the results of IQ tests" (APA, 2013, p. 37).

Schalock and Luckasson (2013) differentiate between an *operational* definition of intellectual disability based on the three criteria of: "limitations in intellectual functioning, behavioural limitations in adapting to environmental demands, and early age of onset" (p. 87). They describe a *constitutive* definition of intellectual disability, that "the construct of ID belongs within the general construct of disability…the process of disablement and its amelioration…the extensive impact that societal attitudes, roles, and policies have on ways that individuals experience health disorders…the distinction between biological and social causes of disability has blurred…a social-ecological conception of ID emphasises the interaction between the person and the environment" (p. 88-89).

Thus intellectual disability is not a static trait, but can be variably defined and the influence of environment, appropriate social support, inclusion and recognition is formative. Appropriate support can strengthen functioning. Intellectual disability is a political issue which argues for appropriate policies and advocacy (Schalock, 2011).

2.2.1.3. Levels of severity in intellectual disability.

A significant shift in the last few years in specifying severity is that "…levels of severity are defined on the basis of adaptive functioning and not IQ scores, because it is adaptive functioning that determines the level of support required. Moreover IQ measures are less valid in the lower end of the IQ range" (APA, 2013, p. 33). Table 2.1. provides a descriptive summary of conceptual, social and practical functioning at various levels of disability and the accompanying level of support needed.

Table 2.1.

Summary of Severity Levels for Intellectual Disability

Severity level	Conceptual domain	Social domain	Practical domain
Mild	• Preschool: there may be no obvious delays	• Immature social relations.	• May be independent in terms of age appropriate personal

Severity level	Conceptual domain	Social domain	Practical domain
(Needing intermittent support)	• School age and Adults: Difficulties in reading, writing, arithmetic, time and money skills • Adults: Limited in abstract thinking, executive functioning, short term memory. • Concrete approach to problems and solutions.	• Difficulty reading social cues. • Difficulty with emotional regulation and appropriate behaviour. • Limited understanding of social risk and immature social judgement.	care and helping with domestic tasks • Needs assistance with more complex daily living tasks needing support in areas such as money management, health care, legal decisions. • Do better in jobs that do not emphasise conceptual skills. May need support in employment.
Moderate (Needing limited but consistent support)	• Marked lag in the development of conceptual skills. • Slower learning and limitations of extent. • Need ongoing support or others to take full responsibility	• Marked differences to peers in social engagement. • Spoken language is the primary means of communication but less complex than that of peers. • Limited social judgement, reading of social cues and decision making ability. • Capacity for friendships with peers limited by social and communication difficulties. • Ties to wider family and friendships need support	• May be independent in terms of personal care but needs ongoing teaching and reminders. • Household tasks can be achieved but need ongoing support. • Protected employment. • Recreation, health care, money and time management need significant support.

Severity level	Conceptual domain	Social domain	Practical domain
Severe (Needing extensive support)	• Little to no understanding of written language, numbers and quantity, time or money. • Need extensive support for problem solving	• Speech is limited to simple sentences or phrases. • Focus on the here and now and the everyday. • Relationships with family and familiar others give pleasure.	• Requires supervision for all activities of daily living. • Skill acquisition is ongoing.
Profound (Needing pervasive support)	• Often have co-occurring motor and sensory impairments. • Conceptual process limited to physical world rather than symbolic processes. • May develop some self-care, recreational and goal directed skills with support	• Limited understanding of speech or symbolic gestures. • May understand simple instructions or gestures. • Self-expression through nonverbal, non-symbolic communication. • Relationships with well-known family, care givers and familiar others through gestural and emotional cues	• Dependent on others for all aspect of daily care, may be able to participate to limited extent. • Music, walks, water activities, simple games all with support can be forms of recreation.

Note. Adapted from the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (2013) and Luckasson et al. (2002)

2.2.2. Naming and language.

Brown (2007) describes the literal, definitional and social meaning of terms. Although the term intellectual disability is widely used internationally, other terms such as mental

retardation, developmental disability, learning disability, mental handicap and developmental handicap are used in different countries and contexts. He describes the unique meaning of each term as being a combination of literal meaning, i.e., lack of ability or restriction, with definitional meaning, for the purpose of providing services, as in the table above, as well as a social meaning which reflects attitudes and values and changing social meaning, i.e., the change from the term mental retardation to intellectual disability, or previous South African legislation which used terms such as idiot and imbecile.

In 1959, Heber gave the following definition: "*Mental retardation* refers to sub average general intellectual functioning which originates during the developmental period and is associated with impairment in one or more of the following: (1) Maturation, (2) Learning, and (3) Social adjustment" (Heber, 1959, p. 3). The journal that published his writing was the American Journal of *Mental Deficiency* (emphasis added). This definition marks a move in terminology and marks the inclusion of concepts of adaptive functioning to the understanding of intellectual disability at this time.

Sinason (2010) adds a useful perspective as she explores the psycholinguistics of euphemism which accompany the descriptive terms used for people with intellectual disability. She gives examples of terms used over time such as imbecile, idiot, retarded, backward, slow, mentally deficient, subnormal, learning difficulty, learning disability, and intellectual disability. She describes euphemisms as words "brought in to replace the verbal bedlinen when a particular word feels too raw" (Sinason, 2010, p. 34). She describes the intellectually disabled person from a psychoanalytic perspective as the "dustbin for the primitive fears of others" (Sinason, 2010, p. 41) and that the changing use of terms are an attempt to deal with painful differences.

2.2.3. Prevalence.

Emerson, Fujiura, and Hatton (2007) refer to the fact that most of research into prevalence and knowledge regarding developmental disability is from that undertaken in high income countries and which represent only a small percentage of the world's population. It is characteristic of most health related research. They state that there is no reliable data on the global distribution of developmental disability, but given the exposure of low and middle income countries to many of the key environmental risk factors such as transplacental infections, prenatal exposure to toxins such as alcohol, prenatal undernutrition, birth difficulties, childhood infections, head injury and undernutrition it could be argued that developmental disabilities should be markedly more prevalent.

Maulik, Mascarenhas, Mathers, Dua, and Saxena (2011) conducted a meta-analysis of population based studies examining them for prevalence data. They report a global prevalence of 1% with studies in middle and low income countries and with children and adolescents reporting a higher prevalence rate. They found that psychological assessment failed to assess functional and adaptive ability and tended to overestimate prevalence. Harris (2006) reported global prevalence rates of between 1-3%. King, Toth, Hodapp, and Dykens (2009) report that of these, 85% have mild intellectual disability, 10% have moderate intellectual disability, 4% have severe intellectual disability and 2% have profound intellectual disability.

2.3. Assessment of intellectual disability

It is important to take a step back, having looked at the broadly accepted definitions of intellectual disability by the professional community, and acknowledging that these are socially constructed ways of classifying people, which have significant implications for their lives, and to be able to critically examine the purpose and usefulness of assessment and classification itself.

2.3.1. Construct of intelligence.

Having examined the construct of disability, it is important to look at what intelligence is seen to be. This section is summarised from a useful chapter by Carr, Linehan, O'Reilly, Walsh, and McEvoy (2016, p. 81-204).[4]

2.3.1.1. Evolutionary models.

Based on Darwin's ideas, human cognitive abilities have been developing over time in order to adapt to the environment. Donald (1991, cited in Carr et al., 2016, p. 168) developed a model which involves three transitions. The first is to mimetic culture which is a form of cognitively mediated representation which is pre-linguistic, "the ability to produce conscious, self-initiated, representational acts which are intentional but not linguistic". He envisions it including body posture, facial expression, gesture, vocal tone and hand signals. It is understood collectively and is intentional and representational. This led to group representational acts which in turn became cultural, including dance and ritual and which Donald hypothesises led to tool making and the use of fire, coordinated hunting in specific seasons, adaptation and a more complex social structure.

The second is that of mythic culture which involved symbolic representation and expression leading to language which in turn led to causative explanation about how the world worked along with prediction and control.

The third transition he describes is that to theoretic culture, a visuo-graphic system, i.e., written language. This also mediates an external memory system not dependent on a

[4] The authors in the section are referenced as cited in Carr, Linehan, O'Reilly, Walsh, & McEvoy, J. (2016). I closely follow their very useful summary which they present in *The Handbook of Intellectual Disability and Clinical Psychology Practice* (2016). For the most part in this dissertation, by contrast I use primary sources.

biological internal system. With this emerged the development of theoretical rather than mythical thinking, based on arguments, systematic classification, induction, deduction, verification and formal methods of measurement and evidence. Mithen (1996 cited in Carr et al., 2016) describes the evolutionary development of technological intelligence, natural history intelligence, social intelligence, linguistic intelligence and a fluid, flexible meta-representational ability.

2.3.1.2. Psychometric models.

Charles Spearman (1927 cited in Carr et al., 2016) can be considered a founding thinker in terms of psychometric models of intelligence. He observed that there seemed to be a general factor "g" which influenced a person's performance of mental tasks in combination with other lower order factors which he referred to as "s" and proposed a psychological construct of general intelligence which differs from person to person which, together with a neurologically based mental energy, is employed in intellectual tasks.

Thurstone (1938 cited in Carr et al., 2016) favoured the separation of abilities into a number of primary mental abilities. This was further developed by Cattell (1943 cited in Carr et al., 2016) and Horn (1986 cited in Carr et al., 2016) positing that "g" is comprised of two distinct types of intelligence: fluid ability (Gf), which draws on biological neurological resources, and crystallised ability (Gc), drawing on knowledge accumulated and built within the persons unique and particular cultural context.

Drawing on findings from psychometric evidence, developmental psychology, neuropsychology, behavioural-genetics, scholastic and occupational achievement, studies of aging and neurological functioning, Horn and Blankstone (2005 cited in Carr et al., 2016) describe nine separate mental abilities within the Cattell-Horn model which they cluster into three categories. They consider this a work in progress.

1. Vulnerable abilities: Fluid intelligence (Gf)

   Short term memory (Gsm)

   Processing speed (Gs)

   Correct decision speed (CDS)

2. Expertise abilities: Crystallised intelligence (Gc)

   Quantitative thinking

   Fluency of retrieval from long-term memory (Glr)

3. Sensory Perceptual Abilities: Visual thinking (Gv)

   Auditory Thinking (Ga)

Carroll (1993 cited in Carr et al., 2016) reviewed 467 data sets published between 1927 and 1987 in order to develop an evidence based model of intelligence. He proposed three stratum of intelligence. The first strata comprised of 66 specific aspects of cognitive functioning, the second strata consisted of eight factors into which these specific aspects accumulated (Fluid Intelligence, Crystallised Intelligence, General Memory and Learning, Broad Visual Perception, Broad Auditory Perception, Broad Retrieval Ability, Broad Cognitive Speediness and Processing Speed). The final strata was the general intelligence factor "g", an accumulation of the eight factors.

A consensus view has developed known as the Cattell-Horn-Carroll model (CHC) with a divergence as to whether "g" represents something real or is a theoretical distillate. The question remains if these are an accurate reflection of the cognitive processes of the brain or simply commonalities of the intelligence tests used, or reflect the statistical methods utilised to organise data in a particular manner.

2.3.1.3. Genetic inheritance.

Plomin et al. (2013 cited in Carr et al., 2016) look at the genetic heritability of intelligence and its interaction with the environment. Studies thus far have failed to identify

specific points of an active gene that contribute to intelligence, but the direction of future research is Genome-wide Complex Trait analysis involving many thousands of single-nucleotide polymorphisms (Plomin & Deary, 2015 cited in Carr et al., 2016).

2.3.1.4. Neurobiology of intelligence.

The other area of research interest is the neurobiology of intelligence. Input is through the visual and auditory pathways fed through the parietal cortex to the frontal cortex with the whole process reliant on white matter to transmit information from sensory area to processing area to response selection and output (Jung & Haier, 2007 cited in Carr et al., 2016).

2.3.1.5. Intelligence vs. cognition.

Luckasson and Schalock (2013) differentiate between intelligence and cognition. They define intelligence as "a general mental capability that includes reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning quickly and learning from experience" (p. 96). They further describe intellectual functioning as an application of this intellectual capability to human functioning and living. Cognition, they argue, is not a synonym for intelligence. It involves acquiring, interpreting and appraising knowledge. Cognitive functioning is often a term used in relation to brain injury.

The concept of intelligence continues to be debated, with a growing understanding of the complexity and variety of processes involved**.**

2.3.2. Diagnostic criteria.

Internationally, at the turn of the 20th century, with the development of intelligence tests, as described before, the focus was on measurement of cognitive functioning. Toward the middle of the century, as evidenced by Heber's (1959) definition, in the case of individuals with intellectual disability, there was a growing recognition that assessment of intellectual disability needed to include an assessment of adaptive functioning. It is now widely recognised that the assessment of adaptive functioning can provide valuable

diagnostic information with regard to social functioning and independent living skills, and allow for appropriate support and realistic expectations of the person's abilities and limitations (Beail, 2003).

The recognised practice, in diagnosis of intellectual disability, requires both the assessment of cognitive ability and adaptive functioning. The Diagnostic and Statistical Manual Fifth Edition (APA, 2013) definition of intellectual disability includes deficits in intellectual functions and adaptive functioning as a diagnostic requirement. Furthermore, level of severity of intellectual disability is defined on the basis of adaptive functioning as this determines the level of support needed. This reflects a shift in thinking, emphasising the importance of assessment of adaptive functioning to the process of diagnosis.

2.3.3. Purpose of assessment.

If intellectual disability is no longer viewed as an invariant trait, but is understood within a socio-ecological model where the interaction between the environment and the person is relevant, as are supports, which can enhance functioning, (Schalock, 2011) then assessment can provide useful information to plan and implement appropriate support in all of the five domains identified by Wehmeyer et al. (2008). If a multifactorial approach to aetiology includes biomedical, social, behavioural and educational factors (Schalock, 2011), then assessment can inform epidemiological knowledge and prevalence and in turn provide information and motivation for policy and services.

The person with intellectual disability has uniquely configured strengths and weaknesses and it is important to seek to understand these as best we can, in order to provide tailored support. We are only just beginning to appreciate the nuanced differences which apply to both the able and the disabled.

2.3.3.1. Using IQ assessment to differentiate cause of intellectual disability.

Several studies have looked at using IQ assessment tools to characterise the cognitive profiles of particular populations of intellectual disability. Studies using adaptive behaviour assessment will be dealt with further on in the chapter.

Hessl et al. (2009) used the Wechsler Intelligence Scale for Children (WISC-III) with a sample of 217 children between the ages of six and 17 with Fragile X syndrome. They found that meaningful variation in intellectual ability was obscured by floor effects. They used a z-score transformation using their raw data and the raw norms data from the Psychological Corporation to achieve a normal distribution of scores. They postulate that this is probably true for other populations of children with neurodevelopmental disorders.

Couzens, Cuskelly, and Jobling (2004) used the Stanford Binet Fourth Edition for a longitudinal study of individuals with Down syndrome. The test has been scrutinised with respect to reliability and validity and has excellent credentials when used with certain general populations. Issues of reliability and validity are just as important for people with intellectual disability. Certain causes of intellectual disability may be related to observable patterns of cognitive strengths and weaknesses. They refer to work being done on establishing behavioural phenotypes on the basis of assessments of cognitive functioning.

They further question the assumption that a person's cognitive ability, relative to their same age peers, is stable over time. Carr (1988) found a decline in IQ in a study of people with Down's syndrome. Children with Fragile X syndrome show a decline in IQ scores (Fisch, 1997; Hodapp et al., 1990) as do those with Lesch-Nyhan syndrome (W. Matthews, Solan, Barabas, & Robey, 1999), and in intellectual disability of unknown aetiology (Keogh, Bernheimer, & Guthrie, 1997).

The longitudinal data in Couzens et al.'s study (2004) showed considerable instability in IQ over time for the same individual and large differences in abilities between individuals. They argue against one approach for all.

2.3.4. Assessment tools.

It is beyond the scope of this review to examine the variety of assessment tools available. A more detailed appraisal of tools used to assess IQ and to assess adaptive functioning in the South African context, follows in the next chapter. The tools used in this research are detailed in the methodology chapter. This section will highlight several pertinent issues with regard to assessment tools.

2.3.4.1. Cross cultural assessment.

The International Test Commission (2016) brought out the second edition of their guidelines for translating and adapting tests, indicating the growing awareness of the complexity of using tools normed and constructed in a particular cultural and economic setting and based on a particular language. There are 18 guidelines which cover the preconditions to adaptation, test development, confirmation, administration, scoring and interpretation and documentation. The first edition of guidelines (2010) began from a comparative perspective. However, the second edition reflects a wider application.
The most important example is the use of a new or existing instrument in a multicultural group, such as clients in counselling who come from different ethnic groups, educational assessment in ethnically diverse groups with a different mastery of the testing language…items of an existing test should be adapted to increase comprehensibility for non-native speakers (e.g., by simplifying the language) (2016, p. 5).
Further they state that

> …test adaptation refers to all the activities including the decision on whether or not a test in a second language and culture could measure the same construct in the first

> language, to selecting translators, to choosing a design for evaluating the work of test translators…to choosing any necessary accommodations, to modifying the test format, to conducting the translation and to checking the equivalence of the test in the second language and culture and conducting other necessary validity studies (2016, p. 7).

A comprehensive document follows this introduction, which to a psychologist working in South Africa with 11 official languages and a variety of cultures and educational exposure is overwhelming. In an ideal world, perhaps, but in countries with limited resources, both in terms of professional and research capacity and who have more urgent research priorities, it is questionable how pragmatic or possible these recommendations are.

Sattler and Saigh (1990) look at assessment practices across five nations including the United States, Canada, China, Israel and Lebanon. Four of these were working on developing their own indigenous products as well as cross validating individually administered tests that were developed in the United States. There is an argument that test bias is such that all tests are culturally unfair to segments of any population. All of the nations surveyed recognise that children who are performing poorly at school should be identified, evaluated and given support. The procedures in each differ according to the political, social and philosophical views of the people and the governing bodies. A recommendation is made for further research on how children with special needs are assessed and identified in various parts of the world.

Hambleton (2005) discusses several errors and emphasises that the assessment and interpretation of test results should not be narrowly viewed as just the translation or test adaptation but considered for all parts of the assessment process. He gives an example of the need for construct equivalence. If in one country the test reflects a sophisticated mathematics curriculum, it is of limited value to compare mathematics achievement with another country

which has a very different mathematics teaching system. This can also be true within one country where children are exposed to a vastly different quality of education. South Africa is a good example. Does the method of test administration communicate clearly what is needed? Is the item format familiar to this group? Not all cultures have the same understanding of "speeded" tests or poor reading skills. This becomes a problem where speed of performance is an important component of the test. Some behaviours are common in western culture but not in others, so that statements such as "I like to start conversations at parties" (p.10) have little meaning if parties are unknown, women do not go to parties, or approaching others is thought inappropriate behaviour. When interpreting scores, curricula, exposure to educational opportunity, standard of living, socio political factors and cultural norms and practices impact test performance.

2.3.4.2. Sensitivity of tools and floor effects.

Floor effects, with a standard score of 40 often being the lowest that the test norms provide, in standard IQ tests, pose difficulties when assessing people with moderate or severe intellectual disability. Normative samples rarely include the number of participants with ID that are needed to provide sensitive measurement for people falling in the very low ability range (Hessl et al., 2009). They make the point that, although people with intellectual disability represent a small proportion of the population, they should be assessed in as sensitive and accurate a way as those who are higher functioning.

Dacey, Nelson, and Stoeckel (1999) found that both the Wechsler and Stanford Binet scales are limited in the assessment of young adults with moderate intellectual disability due to floor effects. Wilson (1992) found floor effects with the Stanford Binet Fourth Edition with children under five and children with severe disabilities. Couzens et al. (2004) found that 35% of the assessments were at "floor level" of her sample of 195 persons with Down syndrome.

Dixon (2007) refers to the report of Luckasson et al. (2002) for the American Association of Mental Retardation (AAMR), which specifically requires the use of assessment scales standardised on people without and with disability. This is not reflected in the norming of IQ tests where people scoring under 40 are not represented. The reliance on tools assessing adaptive behaviour becomes more important and, likewise, they represent an accurate level of functioning of the person in this lower ranges of intellectual functioning (Widaman et al., 1991). Thus the possible floor effects in adaptive behaviour tools are pertinent.

2.3.4.3. Use of mental age to estimate cognitive level.

The concept of mental age is often used in developmental assessment tools, such as the Griffiths Mental Development Scales, when estimating a level of development in comparison to same age peers. Some tests give estimates of mental age and this can be used when divided by chronological age as a percentage score to estimate cognitive level. As Grover (2000) wrote:

> We must, however be very careful in speaking of Mental Age as it can rather readily be misunderstood… If we say Mary a sixteen year old girl, has a mental age of 6 years, this does not mean that in every way we should regard her, treat her and expect her to behave in exactly the same way as we would a 6 year old girl…she is an adolescent with the physical attributes of a 16 year old… Mary has had 10 more years in which to acquire and practise self-help and other practical skills and to learn suitable ways of behaving…she does have limited mental tools at her disposal for solving problems. (p. 15)

2.3.5. Observation and clinical judgement in the assessment process.

A fundamental principle adopted in this research process is explained by Lezak, Howieson, and Loring (2004) in terms of psychological assessment measures and the results obtained being a means of refining our clinical observations. Awareness of the limitations of measurement is important. Foxcroft and Roodt (2009) highlight the approximate nature of measurement results. There will always be errors of measurement which can be due to situation, background, administration and interpretation. Assessment is the synthesis and integration of a wide array of data, together with experience and prior knowledge to reach a professional opinion.

This opinion is shared by Borthwick-Duffy (2009), Floyd et al. (2015), Luckasson et al. (2002), Sparrow et al. (2005), Sparrow et al. (2016), Tassé et al. (2012), and Widaman et al. (1991). Clinical judgement is crucial to the assessment of people with intellectual disability.

2.3.5.1. Clinical reasoning.

Mattingly and Fleming (1994) provide a more detailed description of the process of making clinical judgements in relation to a study of the practice of occupational therapists. They termed it clinical reasoning. Their theory provides insights and is applicable to the observational and accumulative process needed during psychological assessment.

They differentiate between theoretical reasoning and clinical reasoning. The former involves using theoretical understanding to formulate probability according to generalised principles. They argue that whilst a grounding in theory is necessary for good practice, it does not necessarily guarantee it, that "Theory is not enough" (1994, p. 11). Drawing on the Aristotelian concept of practical knowledge, they posit the concept of clinical reasoning. This requires knowing and choosing to act appropriately "to the right person, in the right amount, at the right time, for the right end and in the right way". The complexities of a particular

situation are always subtler than that of the general, being able to reason "the good" in a given situation. This draws on experience, flexibility and is often tacit, knowing by doing.

They further identify four components of clinical reasoning : procedural reasoning, interactive reasoning, conditional reasoning and narrative reasoning. These four processes are evident in the context of the assessment process examined in this research.

1. Procedural reasoning: applied to psychometric assessment would be the choice and use of the test within a framework of correct administration but being able to adapt the procedure to the demands of the situation. Integration of knowledge of the assessment tool with the contingencies of the person and situation, i.e., length of assessment fitting level of attention, when to take a break, being able to adhere to the administration framework with appropriate flexibility and adaptability.
2. Interactive reasoning is the skill drawn on to understand the client within the interaction, their experience of their disability, and the nature of the relationship with the caregiver. Psychologists have particular and specific training in this skill and have many theoretical constructs to understand this process.
3. Conditional reasoning is thinking beyond the specific client to incorporate broader social, physical and political context in which the person lives.
4. Narrative reasoning is the psychologist's own story telling. This happened in the context of a shared office space where client stories could be shared and made sense of amongst colleagues and in the writing of the report and the findings into a psycho-legal narrative.

The process of using these different forms of reasoning is fluid and simultaneous, with certain aspects being foregrounded or temporarily backgrounded.

2.3.5.2. Clinical versus statistical prediction.

Meehl (1954) suggested to clinical psychologists that current clinical practice should be critically examined. He questioned where our reliance should be in predicting how a person is going to behave, in clinical or statistical methods of prediction. He asked what makes a good clinician and argues that we should be suspicious of ourselves. Can our brains analyse and integrate information adequately? What of the errors of observing, recording, retaining and recalling? He draws a distinction between clinical intuition and mathematical or statistical procedures. He argues that psychological quantification in terms of class character of concepts does not negate the unique expression of that dimension by that person. He argues that the validating use of statistics is unavoidable and necessary (Grove, 2005).

Although, in this dissertation, I am critical of some of the statistical values expressed in the adult norm tables of the VABS II, as they are at odds with my own and my colleagues' clinical judgement, it is important to recognise the value of statistical methods of prediction. The subjectivity of our own clinical judgement should be acknowledged and recognised. The narrative reasoning, as explained by Mattingly and Fleming (1994), proposes that using the experience and judgement of other experienced colleagues is an important component of good clinical judgement. Sound psychometric tests can inform and should continue to inform our practice. I would argue for an integrative process that uses both clinical judgement and the best possible fit in terms of tests. We need to retain a critical stance towards statistical method and information when it does not make clinical sense, and particularly in a context where test norms have not been validated in the language and cultural framework of the client. We have to recognise the need but also the limitation of clinical judgement and not unquestioningly accept statistics at face value. The need for interpretation of test results and the valuing of clinical judgment is integral to good clinical practice.

2.4. Adaptive functioning/behaviour

(The terms are used interchangeably in the literature and within this research. The preferred term is adaptive functioning.) As adaptive functioning and its assessment have become integral to the diagnosis and care planning in intellectual disability, it is of value to examine the construct.

2.4.1. Definition.

Adaptive functioning was conceptually described by Grossman (1983) as the capacity to meet the social and developmental demands of one's environment. Expectations of social competency are developmental in nature and age appropriate skills or behaviour will vary in different cultural contexts.

Tassé, Schalock, Balboni, Spreat, and Navas (2016) defined adaptive behaviour as "the collection of conceptual, social and practical skills that have been learned and are performed by people in their everyday lives" (p. 80). Tassé et al. (2012) further described the construct of adaptive behaviour as fulfilling four essential functions in the field of intellectual disability:

1. The definition of intellectual disability is operationally measured in terms of significant limitations in adaptive functioning and intellectual functioning with onset prior to 18 years of age.
2. Significant limitations in adaptive functioning are further measured in terms of conceptual, social and practical adaptive skills.
3. The construct of adaptive functioning provides a framework for charting adaptive skills development and thus directing educational and rehabilitation goals.
4. It is inclusive of understanding human functioning in a multidimensional way.

Sparrow et al. (2016) define adaptive functioning "as the performance of daily activities required for personal and social sufficiency". They expand this with four principles (p. 10).

1. The age related nature of adaptive functioning, i.e., developmental.
2. That it is evaluated in social context, given the social nature of competence in reference to the expectations and standards of others.
3. That it is modifiable with intervention, change and trauma.
4. It is defined by typical performance not by ability.

2.4.2. Historical development of the construct of adaptive functioning.

Before the development and use of intelligence tests at the turn of the 20th century, what is known as intellectual disability now was described in terms of social competency, adaptability to the environment, coping with the demands of everyday life, the power of fending for one's life (Greenspan and Granfield, 1992; Nihira, 1999), terms which are associated with the present construct of adaptive behaviour. Heber (1959) introduced the concepts of maturation, learning and social adjustment into the understanding of intellectual disability as the construct of adaptive behaviour. Adaptive behaviour was included in the definition and diagnosis of intellectual disability by the American Association on Intellectual and Developmental Disabilities (AAIDD), then known as the American Association on Mental Deficiencies. This created the need to measure the construct. The only test at this time was the Vineland Social Maturity Scale published by Doll in 1936.

The inclusion of adaptive behaviour as a diagnostic criterion led to a proliferation of measurement tools from the 1960's. Nihira and colleagues published the Adaptive Behavior Checklist in 1968 which was revised twice and eventually became the AAMD Adaptive Behavior Scale (Nihira, 1999). During the 1980's many instruments were developed,

alongside research on the factor structure and definition. A three factor model emerged including:

1. Practical skills: inclusive of activities of daily living and personal care, occupational skills, money management, health and safety, use of transport, use of the telephone, and organisation of behaviour.
2. Conceptual skills: including the use and understanding of language, reading, writing, money, time and numerical concepts.
3. Social skills: including the following of rules and laws, interpersonal skills, gullibility and naiveté (appropriate social wariness), social responsibility, self-esteem, social problem solving, and avoidance of victimisation (Tassé et al., 2012).

Schalock et al. (2010) is of the view that the conceptualisation and measurement of adaptive functioning is still emerging.

2.4.3. Assessment of adaptive functioning.

Assessment measures the limitations of adaptive functioning. There is a difference between measuring developmental level and measuring adaptive functioning with a degree of overlap. Developmental assessment is often dependent on observable behaviours or demonstration of skills in a once off assessment. Thus the intrusion of anxiety, fatigue and distraction can influence the ability to perform. When assessment of adaptive functioning is reported by a caregiver, with a broader knowledge of the person, there is room for emerging skills to be credited or for experiences which have been outside of the person's frame of reference, i.e., they have had no opportunity to develop the skill, to be acknowledged.

Tassé (2009) makes the point that an adaptive behaviour assessment "is not a measure of capacity or knowing but…a measure of what the individual typically does and what is the degree of independence in performing these skills" (p. 117). He further adds that assessment

is in relation to the person's age group and culture. He recommends the use of a standardised adaptive behaviour scale which is normed on a general population and that corroborating information should support the findings of the information from the standardised assessment. If possible, this should include qualitative interviews with informants from different contexts, a review of family history, school records, medical records, past employment history, if applicable, and any previous psychological, psychiatric or psychosocial evaluations. Clinical judgement is needed in synthesising the results of the standardised assessment, identifying who to interview and assessing their reliability, and identifying and reviewing records to form an opinion based on thorough analysis of the data. This is then added to information regarding the individual's intellectual functioning, to make the clinical diagnosis of intellectual disability.

2.4.3.1. Adaptive behaviour assessment tools.

Dixon (2007) provides a review of the adaptive behaviour scales used in research reported between 1996 to 2005 in four journals specialising in research on persons with intellectual disability. Two hundred and seventy-one studies were identified as including the use of an adaptive behaviour scale. Of these, the Vineland Adaptive Behavior Scales was used in 177 of the studies. It was used as a general measure of adaptive functioning or to determine a classification in terms of level of intellectual disability. He also notes that researchers are increasingly using adaptive scales to evaluate differences within groups of individuals.

Hill (2011) identifies the Vineland Adaptive Behavior Scales as one of four widely used adaptive behaviour assessment tools in the USA. He provides a comparative analysis of the Scales of Independent Behavior – Revised (SIB-R), the American Association of Mental Retardation Adaptive Behavior Scales (ABS) and the Inventory for Client and Agency Planning (ICAP) and the Vineland Adaptive Behavior Scales (VABS).

Tassé et al. (2012) identify four psychometrically sound and comprehensive adaptive behaviour scales.

1. Adaptive Behavior Scale – School. Second Edition (ABS-S:2). This is a revision of the AAMD Adaptive Behavior Scale mentioned previously. Age range 3-21 years. Developed by Lambert, Nihira and Leland in 1993.
2. Adaptive Behavior Assessment System – Second Edition (ABAS-II). This is a revision of the ABAS first published in 2000. Age range birth to 89 years. Developed by Harrison and Oakland in 2003.
3. Scales of Independent Behavior – Revised (SIB-R). This is also a revision of an earlier version published in 1984. Age range from 3 months to 80+ years. Developed by Bruininks, Woodcock, Weatherman and Hill in 1996.
4. Vineland Adaptive Behavior Scales – Second edition (Vineland-II). The Vineland Social Maturity Scale was published by Doll in 1936, revised by Sparrow, Balla and Cicchetti in 1984. Age range 0-90 years. Developed by Sparrow, Cicchetti and Balla in 2005.

Further to this the Vineland Adaptive Behavior Scales – Third Edition (Vineland-3) was published in 2016. The age range remains 0-90 years and it was developed by Sparrow, Cicchetti and Saulnier.

Tassé et al. (2016) have also published regarding the initial validity and reliability findings for the Diagnostic Adaptive Behavior Scale (DABS), which at the time of writing was not yet publicly available. The age range is 4-21 using 75 items by semi-structured interview across the three domains of conceptual, practical and social skills. Item response theory models were used in the development. It is significantly shorter than the 381 items of the newly published Vineland-3. It remains to be evaluated.

2.4.4. Assessment of adaptive functioning through the life span.

Widaman et al. (1991) published an extensive review of studies looking at the growth and life-span development of adaptive behaviours and the contextual factors that influence this process in people with intellectual development. They differentiated between cross-sectional, longitudinal design and semi longitudinal design studies. Significant differences were found for those living in institutional placements and those living in community placements. Different trends were found for each of the dimensions of adaptive behaviour. Widaman et al. (1991) then studied a sample of 36 000 people divided into 18 birth cohorts, further divided into each of the four levels of intellectual disability. The 72 cohort sizes ranged in size from 123 to 1221 persons with an average size of 506.

In terms of motor development, all levels reached their asymptote at about the same age (7-10 years). There were some declines associated with aging with profoundly intellectually disabled people showing earlier and larger declines.

In terms of independent living skills, people with mild to moderate intellectual disability showed increases in competence through to about 16 years of age. Approximate stability was shown for all levels between 16 and 45 years, with declines in moderate to profound intellectual disability after 50 years and mild intellectual disability after 63 years.

In terms of cognitive competence, those with mild intellectual disability reach asymptote at about 20 years with no changes until the mid-60's. Those with moderate intellectual disability reach asymptote at about 18 and show declines from about 50 years. Those with severe and profound intellectual disability reach asymptote by 7-10 years and show little change during the rest of the life span.

In terms of social competence, those with mild intellectual disability continue to show increases until early 20's, with small but steady decreases from about 30 years. Those with moderate intellectual disability show gains until about 10 years, with about 15 years of

stability, and then decline begins in about the mid 20's. Those with severe and profound intellectual disability showed gains until about 8 years with a period of stability for about 10 years when a decline was evident. There was a faster rate of decline for people with profound intellectual disability.

They make the point that different dimensions of adaptive behaviour showed different life span trends. This detail is lost and misrepresented if only a composite score is used. This correlates to some of the arguments against a "g" factor in thinking about intelligence as referred to previously.

They further acknowledge that coexisting medical, psychiatric or sensory impairments, as well as contextual residential, social and economic factors, would moderate this process.

2.4.5. Assessment of adaptive functioning with different aetiological causes of intellectual disability.

There has been much research activity related to using adaptive functioning to profile particular groupings of people with intellectual disability. It is beyond the scope of this research to detail this but some of the references are included as they illustrate the importance of the differential and nuanced functioning of people with intellectual disability and argue against a one size fits all approach. HIV/AIDS and HIV-Associated Neurocognitive Disorder (HAND) related issues, although extremely prevalent in the South African context, have not been included as HIV status was not known or recorded amongst this sample.

2.4.5.1. Genetic syndromes.

Di Nuovo and Buono (2011) compared the adaptive profiles of five of the most common genetic syndromes: Down syndrome, Williams syndrome, Angelman syndrome, Prader-Willi syndrome and Fragile-X syndrome. They describe the differing profiles looking at strengths, and weaknesses, differing rates of development of the different skills and rates

of decline. An important finding was that cognitive capacity is not linked to all the adaptive abilities, particularly Socialisation.

2.4.5.2. Autism Spectrum Disorder (ASD).

The volume of ongoing literature in this field is considerable. Studies which came to attention relating to the VABS included those by: Volkmar, Carter, Sparrow, and Cicchetti (1993) looking at measuring social development in ASD using the VABS; Carter et al. (1998) developed supplementary norms for the VABS for individuals with autism; Fenton et al. (2003) examined the VABS profiles in Italy of children with autism and moderate to severe developmental delay; Matson et al. (2009) examined the adaptive behaviour differences, using the VABS, in adults with ASD, ASD and intellectual disability and ASD, intellectual disability and Axis I psychopathology. Their results confirmed that the more handicapping the condition, the greater the adaptive behaviour deficits. Thus they argued that identifying the cause of adaptive behaviour deficits will result in targeted and effective treatment.

McDonald et al. (2015) used the VABS II to look at the adaptive skills of high functioning children with ASD. Their adaptive functioning skills fell significantly below their cognitive level. Mouga, Almeida, Café, Duque, and Oliveira (2015) compared the standard domain and composite scores of the VABS of school aged children with ASD, matched for IQ, with those with other neurodevelopmental disorders. The impairment in socialisation skills remained a distinctive factor. The study was conducted in Portugal.

Fusar-Poli et al. (2017) published a pilot study looking at the long term outcomes of adults with autism and intellectual disability. Their general finding was that after 10 years the 22 adults included in the study remained stable in terms of their adaptive abilities. Their findings were not generalisable to the general autistic population as their sample were inpatients with autism and comorbid intellectual disability.

2.4.5.3. Foetal Alcohol Spectrum Disorders (FASD).

There is a high prevalence of FASD in South Africa and in the Western Cape where this study took place, and alcohol use in pregnancy has been associated with intellectual disability in the child. (Refer to section 3.3.3 for detail)

Crocker, Vaurio, Riley, and Mattson (2009) compared the adaptive behaviour of children with heavy prenatal alcohol exposure or attention-deficit/hyperactivity disorder (ADHD) and a control group matched for age, gender, socioeconomic status and race. Both showed deficits in adaptive behaviour in all three domains, but the heavy prenatal exposure group showed greater deficits in the daily living skills domain and arrested development with a lack of improvement with age in socialisation and communication domain scores. The ADHD group had developmental delay in terms of adaptive ability but their scores continued to improve with age although not to the level of the control group.

Whaley, O'Connor, and Gunderson (2001) compared the adaptive functioning of children prenatally exposed to alcohol with a non-exposed clinical sample. The sample was matched for gender, age, IQ and outpatient or inpatient status. Both groups showed deficits in adaptive functioning as measured by the VABS, however deficits in socialisation skills of prenatally exposed children became more significant with age.

Manning and Hoyme (2007) describe a practical clinical approach to the diagnosis of FASD, given the public health concern related to this preventable disorder so as to be able to implement appropriate management.

Kodituwakku (2009, 2010) looked at the neurocognitive profile of children with FASD. Executive functioning, working memory and a generalised deficit in processing and integrating information were found. In the second study, this framework was used for the development of interventions using behavioural methods and cognitive-enhancing medication.

Åse et al. (2012) compared the adaptive behaviour in children and adolescents with FASD using the VABS with a group of IQ matched children with specific learning difficulties (SLD) as well as typically developing controls. The FASD group performed at a lower level than the SLD group on all domains and social skills declined with age.

Davis, Gagnier, Moore, and Todorow (2013) provide a review of four decades of research into the effects of prenatal alcohol exposure, acknowledging that the threshold for the teratogenicity of alcohol is unknown and that these effects vary and are also influenced by environmental context. These effects include diminished intellectual functioning, attentional impairments, impaired executive functioning, deficits in language use, difficulties with quantitative reasoning, social cognition, learning and memory.

I shall now turn to a discussion of the main assessment tool used in this study

2.5. Vineland Adaptive Behavior Scales

A detailed overview is given, as this is the assessment tool, the use of which, is being interrogated in this context and was used in the assessment of Sarai, Themba and Madelaine.

2.5.1. History of the development of the Vineland Adaptive Behavior Scales.

Historically, the Vineland Social Maturity Scale was developed by Edgar A. Doll (Doll, 1935, 1965) to evaluate adaptive functioning in individuals with intellectual disability. He recognised that the assessment of disability was incomplete if based only on an estimate of IQ and that the focus of assessment should be on the individual's ability in day to day functioning. Doll also emphasised the developmental nature of adaptive behaviour both in terms of personal independence and social responsibility and that adaptive behaviour is inclusive of a number of dimensions or domains. His ideas have been influential in the definition and understanding of intellectual disability (Sparrow et al., 1984).

A revision followed in 1984, the Vineland Adaptive Behavior Scales (VABS) was developed by S. S. Sparrow, D. A. Balla and D. V. Cicchetti. Three versions were devised: a survey form, an expanded form and a classroom edition. (Sparrow et al, 1984)

The second edition of the Vineland Adaptive Behavior Scales (VABS II) was published in 2005 (Sparrow et al., 2005). In this version, the structure of the VABS was retained, but with a substantial revision of the content, which included new items and modifications aimed at improving assessment throughout the age ranges.

The Vineland-3, the third edition, was published in 2016 (Sparrow et al., 2016).

2.5.1.1. Vineland Social Maturity Scale (Doll, 1965).

The scale was made up of 117 items and divided up into year age periods until 12 years, then grouped into 12-15 years, 15-18 years, 18-20 years, 20-25 years and over 25 years. Each item was allocated 1 of 8 categories: self-help: general, self-help: dressing, self-help: eating, communication, self-direction, socialisation, locomotion and occupation. Some of the items which are reflective of the era and language include: “masticates food”, “gives up baby carriage”. The understanding and nature of safety has dramatically changed. The item “Goes about neighbourhood unattended” was indicated to have a mean learnt age of 4 years and 7 months. Some items evidence a vague but optimistic view of people and possibilities, items such as “contributes to social welfare” and “inspires confidence” or “creates own opportunities”. (Refer to Appendix A for a copy of the protocol.)

2.5.1.2. Vineland Adaptive Behavior Scales (Sparrow, Balla, & Cicchetti, 1984).

Building on the start made by Doll, but incorporating changes in society, advances in test construction and psychometric methodology, the Vineland Adaptive Behavior Scales (VABS) was published in 1984. It is an assessment tool administered through a semi-structured interview with a parent or caregiver, in order to determine the level of adaptive functioning of an individual. Adaptive behaviour is defined within the test manual as “the

performance of the daily activities required for personal and social sufficiency" (Sparrow et al., 1984, p. 6).

It consists of 297 items, with 67 items in the domain of communication, 92 items in the domain of daily living skills and 66 in the domain of socialisation. There are 36 items in the motor subdomain and a further 36 items in the maladaptive behaviour domain. The norms are based on a nationally representative sample of 3 000 persons, drawn from all over the USA, with about 100 disabled and non-disabled individuals in each of 30 age ranges from birth to 18 years 11 months. Supplementary norms included a samples of intellectually disabled adults over 18 years and 11 months, 1 050 participants lived in residential facilities and 100 participants lived in non-residential facilities. Supplementary norms were also developed for emotionally disturbed, visually and hearing impaired children. Three types of reliability estimates were used: internal consistency reliability, test-retest reliability and inter-rater reliability. Construct validity, content validity and criterion-related validity were also measured. The first edition (VABS, 1984) is still widely used in the South African context and was used in the initial data collection period of this study. Further detail is provided in the methodology chapter. (section 4.5.1.1) (Refer to Appendix B for a copy of the protocol.)

2.5.1.3. Vineland Adaptive Behavior Scales – Second Edition (Sparrow, Cicchetti, & Balla, 2005).

In the second edition (VABS II), published in 2005, norm samples included 20 age groups from birth to 90 years. Random sampling from a pool of 25 000 selected 3 695 cases, which matched the demographic variables within each age group. Eleven clinical groups were defined and data collected to validate the test in identifying adaptive behaviour deficits in: "attention-deficit/hyperactivity disorder, autism–nonverbal, autism–verbal, emotional or behavioural disturbance, deafness/hard of hearing, specific learning disability, mental retardation–mild (child and adult samples), mental retardation–moderate (child and adult

samples) mental retardation–severe/profound (adult sample)" (Sparrow et al., 2005, p. 138). Reliability and validity of the tool was examined during development.

The scales cover three domains which are further subdivided into nine subdomains:

1. COMMUNICATION: This includes receptive (20 items), expressive (54 items) and written (25 items) subdomains.
2. DAILY LIVING SKILLS: This includes personal (41 items), domestic (24 items) and community (44 items) subdomains.
3. SOCIALISATION: This includes interpersonal relationships (38 items), play and leisure time (31 items) and coping skills (30 items) subdomains.

Two further optional domains include motor skills, for children up to seven years of age, and a maladaptive behaviour index. These will not be included in the reported research.

There are five possible scoring options in response to the questions: No (0); Sometimes (1); Usually (2); Don't know if the respondent has no knowledge of the performance of the given behaviour (DK); or No Opportunity (N/O). Each sub domain is scored with a basal and ceiling of four consecutive items at a 2 level for the basal and a 0 level for the ceiling.

Scores are summed and using age normed tables, adaptive functioning standard scores are given in each domain and an overall adaptive behaviour composite standard score is calculated. It takes approximately 60-90 minutes to administer. This research is based on the survey form. Further detail is provided in the methodology chapter. (section 4.5.1.2.) (Refer to Appendix C for a copy of the protocol.)

2.5.1.4. Vineland Adaptive Behavior Scales, Third Edition (Sparrow, Cicchetti, & Saulnier, 2016).

In the third edition (VABS 3), published in 2016, three administration forms: the Interview form, the Parent/Caregiver form and the Teacher form are available online and on

paper. Each form has a comprehensive and domain level version. The domains and subdomains remain structurally the same although the item content has been changed. This is reviewed in the Discussion chapter. (section 7.7.6.) The Methodology chapter provides a detailed overview of the norming and reliability and validity during development. (section 4.5.1.3.) (A copy of the protocol is included in Appendix D.)

2.5.2. Use of the VABS in other cultures and languages.

The Vineland Adaptive Behavior Scales are widely used internationally and have been adapted to various cultures and languages. Reference has already been made to the widespread use in the study of ASD and FASD. Several studies have been further included to describe the variety of use.

Kaler and Freeman (1994) used the VABS in analysing the cognitive and social development of a group of Romanian orphans. The VABS formed part of a test battery which included the Bayley Scales of infant development and the early social communication scales (ESCS), a test to measure visual self-recognition, a social referencing measure, a play measure and observation of behaviour. The VABS was administered through a translator to the caregiver assigned to each child. The VABS scores revealed a depressed pattern with significant delays, and correlated highly with the Bayley scores and the ESCS, social referencing scores and level of play. The results highlighted the deficits in cognitive and social functioning of the sample of Romanian orphans and their relative strength in peer interaction; however, the children's environment allowed restricted access to materials used in the standardised tests, thus the ecological validity of the measures is open to question. The non-orphanage sample performed at the expected chronological age level, so the measures would appear culturally fair. However, there was no correction for the orphanage children's poverty of exposure and experience.

de Lemos (1989) conducted and reported a study examining the need for standard score adjustments of the VABS for Australian children. A check norming study was conducted of children between the ages of 5-9 years, as assessments for placement are normally conducted during this stage. A sample of 120 children at each of the five year levels with a total sample of 600 children in New South Wales, was used. It was found that the mean scores and derived standard scores were consistently below those of the US standardisation sample. The Otis-Lennon School Ability Test was also administered which gave information on more scholastic measures of general ability. The finding of the study was that some adjustment of standard scores is necessary to reflect the differences in average performance between children in this age group in the USA and Australia.

de Bildt, Sytema, Kraijer, Sparrow, and Minderaa (2005) describe the use of the VABS as a measurement tool when researching the relationship between adaptive functioning, behaviour problems and level of education in the Netherlands. They found that autistic and behaviour problems lower the level of education attained and expected, based on IQ estimates.

Hayes (2005) conducted a study in Australia, using the VABS and the Kaufman Brief Intelligence Test (K-BIT) to diagnose intellectual disability amongst a forensic sample. There is an over representation of people with intellectual disability amongst the offender population, with prevalence of 20% being found in prisons in New South Wales in Australia. There is a need for early and accurate identification so that appropriate interventions and supports can be implemented during the legal process. The correlation coefficient between the VABS and the K-BIT was .78. The correlation was less robust for young male offenders and further studies need to look at psychiatric and psychosocial characteristics and their effect on adaptive functioning.

Goldberg, Dill, Shin, and Nguyen (2009) describe a study in Vietnam to translate and adapt the VABS for preschool children between the ages of 3-6 years, with the aim of developing a reliable and valid tool to screen for children who would need early intervention and services in a context of severely limited resources. Goldberg et al. (2009) further refer to a number of studies of adaptation of the VABS in a non-western context. Anjun, Khadi, and Phadnis (1990 cited in Goldberg, 2009) used an adaptation of the Vineland Social Maturity Scale to study social maturity in rural and urban Indian infants. In 1991, Tombokan-Runtukahu and Nitko (cited in Goldberg, 2009) described an Indonesian adaptation of the VABS which involved translation, back translation, expert review of items and content analysis with modification and elimination of certain items. This was then further researched, matching children by age, gender, socioeconomic status and intellectual ability. They found that the basic properties of the Indonesian VABS matched those of the original VABS, arguing that the transfer of the concept of adaptive behaviour to a non-western context is possible.

However, Goldberg et al. (2009) also refer to a study by Zhang, Wheeler, and Richey in 2006, which highlights the difficulties of using a western concept of adaptive behaviour in different cultural contexts. They found that some items were not accurate indicators of adaptive functioning within the Chinese context. Examples given were: if children were offered a choice they would possibly not give a preference, in deference to their parents or an inability to feed themselves with a fork, as chopsticks are commonly used.

La Malfa et al. (2009) used the VABS in a correlation study between the Scheme of Appraisal of Emotional Development (SAED) and Vineland Adaptive Behavior Scales (VABS) in Italy. Thirty three adults, living in residential centres, without behavioural or psychiatric disorders of clinical significance, were assessed with both instruments and analysis looked at correlations. The SAED was found to be psychometrically reliable with a

strong correlation between emotional development and adaptive functioning. The tool provides a means of gathering important information about the emotional needs of the person.

Gleason and Coster (2012) used the VABS II at an international level to examine congruence with the functioning and content framework of the International Classification of Functioning, Disability and Health (ICF) version for children and youth (ICF-CY). The ICF uses a framework of a bio-psycho-social model of disability. It identifies three dimensions of function: body function/body structure, activity, and participation. Function also reflects the influence of personal factors such as motivation and gender, and environmental factors such as physical structures and attitudes which make up the context. Each of the 383 items of the VABS II was coded and assigned codes from the ICF-CY. There were implicit concepts imbedded in VABS II items, i.e., "turns around when his or her name is called" implies hearing. The results called attention to the effect motor, sensory and communication abilities may affect scores across multiple domains because the method of performance may not be possible for children with disabilities.

This review identifies the VABS as an internationally used and recognised assessment and research tool. However, used in a cross cultural setting and with participants with multiple disabilities and limited access to resources, adaptation and consideration of the criteria of the tool is often needed.

2.5.3. Validity and reliability.

Much of the research mentioned previously has used the VABS or the VABS II as a standard against which another psychometric tool has been measured. This speaks to its wide acceptance as a generally valid and reliable tool. Reliability and validity studies during development are included in the methodology chapter. (section 4.5.1.1. and section 4.5.1.2.) Some of the further research studies are mentioned.

Carter et al. (1998) developed supplementary norms of the VABS for individuals with autism. They argue that these norms enable comparison of an individual with autism's level of adaptive functioning with a peer group of similarly affected individuals as well as measuring the individual against national normative data. This is helpful to set attainable treatment goals and inform early diagnosis and intervention.

de Bildt, Kraijer, Sytema, and Minderaa (2005) examined the psychometric properties of the VABS (1984) in a population of children and adults between the ages of 4-18 years who had intellectual disability. Their sample was a group of 826. Whilst the original manual provides corroboration for typically developing children, the authors were critical of the sample for persons with intellectual disability used in the development of supplementary norms as being ill defined and described. They argue for the need, for diagnostic and treatment purposes, of an accurate profile of adaptive functioning. They examined convergent and discriminant validity and found strong evidence for the construct validity of the VABS. However, they also pointed to the need for supplementary norms for children and adults with intellectual disability.

Dixon's review (2007) points to the wide acceptance of the VABS as a reliable research tool. An example of the use of the VABS as a gold standard against which other tests are measured and evaluated, is the study by Villa et al. (2010) to evaluate the Psycho-Educational Profile Revised (PEP-R), which is used to assess and formulate treatment programmes for children with autism and related developmental difficulties. This was in an Italian context and the researchers used an Italian version of the VABS developed by Balboni, Pedrabissi, Molteni, and Villa in 2001. In 2016, Balboni, Tasso, Muratori, and Cubelli examined the second edition of the Vineland Scales for item content category analysis with a group of preschoolers with Autism Spectrum Disorder.

Recently, Floyd et al. (2015) conducted a systematic review and psychometric evaluation of adaptive behaviour scales in order to make recommendations for practice. Their results found that the VABS II scales were supported by the most recent norming data and the largest body of validity evidence as well as thorough bias identification studies. Limitations included low internal consistency estimates for domains and skills for the Survey form and low test-retest reliability estimates and frequent floor violations at the skills area level.

2.5.4. Identified areas of further research.

The point is made by Hessl et al. (2009), in an earlier section of this chapter, that, although people with intellectual disability represent a small proportion of the population, they should be assessed in as sensitive and accurate a way as those who are higher functioning.

The need for further research of the psychometric properties of the VABS and VABS II has been identified as including: floor and ceiling effects, item sampling and age appropriateness, indirect assessments and informant validity and reliability, and cultural, linguistic and gender considerations of items (Beail, 2003; Dixon, 2007).

In the VABS II, the clinical sample of people with intellectual disability was relatively small given the wide age distribution (refer to Table 2.2.). This may account for the floor effects observed in the conversion to standard scores, especially in the adult age groups.

Table 2.2.

Clinical Sample of Persons with Intellectual Disability, Used in Validating the Norms of the VABS II (USA Norms)

Range of disability	Children (n)	Children - ages	Adults (n)	Adults - ages
Mild Intellectual disability	45	6-18	34	19-69

Range of disability	Children (n)	Children - ages	Adults (n)	Adults - ages
Moderate intellectual disability	31	6-17	33	18-50
Severe to profound intellectual disability	36	6-18	20	26-86

(Sparrow et al., 2005, p. 138)

Through clinical use, the impression is that this client population seem subject to floor effects, particularly adults, when standard scores are calculated. There is a need to examine the tool and the identify possible variables which may influence the quantitative score. The validity and reliability of the scales need to be assessed, given the contextual differences of this clinical population, to the United States sample, on which the test was normed.

2.5.5. Critique of the VABS and the measurement of adaptive functioning.

Despite the VABS being an internationally recognised tool, there are some difficulties which have been described in the preceding sections. Further to this, Gleason and Coster (2012) highlighted that the absence of a way to record performance with assistance and/or support, limits the use of the VABS in describing children with coexisting disabilities and who are perhaps not credited as they ought.

Greenspan et al. (2011) argue against the indirect indices which psychological tests give and, because they provide a number, are assumed to be more scientific and more highly valued that direct real world functioning. They question why 2 standard deviations below the means should equate to intellectual disability and if we are not giving in to statistical elegance. They also question content limitations in the measures used with particular reference to risk awareness and the lack thereof and gullibility.

Jenkins (1999) argues that the North American eye has been trained to see through particular categories and have particular models of normality. He asks if "the local eye may have had a very different schooling" (p. 224).

A review of the newly published VABS 3 (2016) is included in this study, although the clinical item data collected includes only the VABS and VABS II which were available during the period of data collection.

2.6. Intellectual disability in a psycho-legal context

Having examined intellectual disability and its assessment, it is important to consider the particular psycho-legal context of this research. This is a complex issue and is a subject for many papers, thinking, and research. This review will only attempt to highlight some of the pertinent issues. The following chapter will outline the legal protection offered to people with intellectual disability in the South African context.

2.6.1. The question of competency.

Valenti-Hein and Schwartz (1993) identify the following issues:

1. The distinction between competency and credibility. The former is the witness's ability to demonstrate capacity and the latter is the belief by the judge or magistrate that the witness is providing accurate testimony. Using credibility as a standard allows greater participation.
2. Competency is not unitary and varies with context and issue. An assessment of competency needs to be based on the requirements expected of the witness.
3. Intellectual disability likewise is not unitary and is multi-dimensional, encompassing differing levels of ability. They argue for the documentation of strengths and weaknesses related to adaptive skills, intellectual functioning, psychological and emotional concerns, physical and health concerns and the environment.

4. Intellectual disability versus mental illness. Competency for people with intellectual disability turns on concerns regarding judgement, decision making, understanding and performance of certain tasks. Terms such as "unsound mind" conflate emotional and cognitive fluctuations often experienced in mental illness, with intellectual disability.

Jenkins, (1998) posed an importance question regarding competency. He defines competence as "the capacity or potential for adequate functioning-in-context as a socialised human. It is generally taken for granted and axiomatic… *Axiomatic* suggest that the competence of most individuals is not in doubt until it *is* in doubt…competence can be presumed…there are those to whom the presumption of competence is not extended or from whom it has been withdrawn…they must strive to be competent…to be *seen* to be competent…this presumption is a powerful constraint upon people who are categorised as 'having learning difficulties'" (p. 1-2).

2.6.2. Questioning.

Cederborg, Danielsson, La Rooy, and Lamb (2009) stress the importance of using open ended questions followed by more specific questions as this elicits a richer and more accurate account and does not constrain or shape the witness response. Given limited memory capacity and thus a possible mistrust of their own capacity, having learnt to rely on others when they cannot remember or do not understand, may increase suggestibility. Focused and repeated questions will increase the tendency to acquiesce or give contradictory answers, thus making them unreliable witnesses. People with intellectual disability are vulnerable to acquiesce when asked leading questions or when they are unsure of the answer or do not understand the question (Dickman, 2013; Finlay & Lyons, 2002; Tassé, 2009). Research by Gentle, Milne, Powell, and Sharman (2013) highlighted the importance of how questions are asked and how the interview is structured as they found a significant difference

in the use of the cognitive interview as opposed to a structured interview in the narrative accounts of children with intellectual disability.

2.6.3. Truth telling and taking the oath.

The importance of telling the truth needs to be raised at the beginning of any interview to avoid the person thinking you do not believe him/her. It is useful to add that everyone has to promise to tell the truth who speaks to the court. It is also helpful to be explicit about saying you "don't know" or "can't remember" and that this is acceptable and preferable to trying to give a right answer. Benedet and Grant (2013) found interesting evidence that an admonition to tell the truth is effective.

Pillay (2012) raises a pertinent issue in that people who are not disabled are presumed to be competent to testify, whereas the intellectually disabled person has to have their competency assessed before being admitted and that this is discriminatory. It is beyond the scope of this research to detail the complexities of the issue, but it is an important part of court preparation to explain the oath taking to the client. It is also helpful to inform the court official that any questioning to determine competency should be at a conceptual level that the client will understand and should be simple and easily understood.

2.6.4. The court process.

Education of police and court officials is an ongoing process in providing access to justice. McAfee and Gural (1988) cite lack of knowledge, the issue of culpability, competency and the rights of the incompetent defendant [or complainant] as issues needing attention.

The assessment of adaptive functioning is of particular significance in this psycho-legal context, as it highlights both the competencies and vulnerabilities which are pertinent and in preparing the court for the intellectually disabled witness or defendant. The level of disability indicates the level of support needed in order for the person with intellectual

disability to understand and participate in the court process. (Dickman, in preparation; Tassé, 2009)

Court preparation is an important support needed by the person with intellectual disability and their family, as is recommendations for the use of an intermediary (Dickman, 2013).

2.6.5. The use of the concept of mental age.

The concept of mental age (MA) has already been discussed with reference to Grover (2000). It re-emerges in the legal context as an accessible way in which to describe the cognitive level of the complainant. Greenspan (2011) describes the issue well when he says that "While MA is problematic as a basis for defining ID because of its derivation solely from intelligence measures, it has the advantage of communicating to judges and juries …what people are capable of doing, something that statistical deviation units cannot do for the average layperson" (p. 253). Dickman (in preparation) describes how one age rarely covers all aspects of the person's functioning to include cognitive functioning, social skills and everyday self-help tasks and is generally an oversimplification. The danger is also that it may lead to incorrect comparisons by the justice personnel and encourages the view that people with intellectual disability are perpetual children and may well further limit their participation. A contextual issue is that, in South African law, the Criminal Procedures Act 51 of 1977 (Republic of South Africa, 1977) makes provision in section 170A for access to an intermediary for complainants under the biological or **mental** age of 18. Any reference to mental age in court needs careful explanation with reservation and with an awareness of the implications, particularly when arguing for the use of an intermediary for adult complainants with intellectual disability.

2.7. Concluding comments

This chapter has sought to introduce the concepts and debate around the constructed understanding of disability, intelligence, intellectual disability, adaptive functioning and the assessment of intellectual disability. It concluded with an application of these ideas to the psycho-legal context. Although the world of theory, debate and academic discourse is far removed from the lived reality of Sarai, Themba and Madelaine, it impacts their lives in very real ways from levels of subsidy and grants, educational opportunity and governmental policy, to a fair and accurate assessment of their own limitations, to the understanding the police and legal team will have of their ability to give evidence. The following chapter will detail contextual issues pertaining to the South African context in which they have grown up and live. It will examine intellectual disability and its assessment in this context, sexual abuse, the laws and legal system and the community organisation to which they have been referred for assistance.

Chapter Three: Literature Review: Context

3.1. Introduction

Having looked at intellectual disability in terms of concepts, assessment thereof and the psycho-legal context at a broad level, this chapter focuses on the specific context of South Africa, giving a brief historical context, an examination of intellectual disability in the South African context, and the psychological assessment of intellectual disability in this context. There is a section with a focus on sexual abuse and its impact, and particularly in relation to people with intellectual disability in South Africa, followed by an overview of the community mental health non-profit organisation, Cape Mental Health within which the research was based, and to which Sarai, Themba and Madelaine would have been referred on reporting the abuse to the police.

3.2. The South African context

An appreciation for the historic, political and economic background is necessary to understand the context in which Sarai, Themba and Madelaine live. They live in a world where race, past and present political systems and economic inequality continue to define opportunity, access to services and support.

3.2.1. Historical context.

South Africa's history is dominated by ethnic interaction and racial conflict. It is beyond the scope of this literature review to give but a brief overview of a very complex past. However, in order to understand present realities, there needs to be some frame of reference.

Various groupings lived in what we now know as South Africa, before the Dutch Europeans arrived in 1652. They were joined by people, enslaved by the Dutch, from the East. The Afrikaans language developed from a Dutch base to which were added Malay, Khoisan, Portuguese, French and other African language influences. In 1834, the slaves were emancipated. Afrikaans was the common language of both slaves and settlers. Religious

persecution brought French Huguenots and Dutch and German Protestants to South Africa. Tensions increased over land and resources. After the British colonised South Africa in the early 1800's, increasing number of English speaking settlers were brought in, particularly from 1820, to provide a buffer between the expanding colonial base in the Cape and the resistant local groups. Several wars were fought. White Afrikaners, resisting British dominance and authority, moved northwards, encountering increasing resistance from local people. Tensions heightened with resistance to colonisation.

In the 1860's, labourers from India, also a British colony, were indentured with the promise of the right to settle after five years to provide labour for the tea, coffee and sugar plantations. There was also an influx of merchants from India into the Natal region. The main race groupings of South Africa were forming, namely White people of European origin, Indian, Coloured, which referred to people of Malay, Khoisan and mixed race groups, and Black indigenous groups of nine different language groupings[5]. The discovery of gold, diamonds and rich sources of minerals added economic impetus to the colonial agenda. Tensions between the colonial power, Britain, and Afrikaans speaking White South Africans'

[5] In contemporary South Africa, the racial labels promulgated first under colonialism and then under apartheid are no longer officially used to categorise people but they continue to be used to monitor progress in education and employment equity, for example. In the Western Cape, where this study was conducted, most of the population are designated "coloured" according to this usage, with smaller numbers of people designated "White" or "African", and very few people designated "Indian". In line with contemporary South African usage, I use these terms in this dissertation, not because I believe that racial categories are scientifically valid, but because the categories continue to hold substantial meaning in a still-divided and very unequal society.

resulted in two wars, known as the Boer Wars. Labour was needed for mining and industry. Some schools and health services were started through missionary endeavours.

The British began to institute racially based laws and controls. As early as 1929, Fick began using psychological assessment measures standardised on White children. Initially he attributed differences in performance to environmental and educational factors, but, by 1939, had altered his view, giving his opinion that there were innate differences between race groups. This was challenged and critiqued by Biesheuvel in 1943 in his book *African Intelligence.* From 1948, with the National Party coming to power, formal, legalised, racial segregation became entrenched, known as Apartheid. In 1949, Biesheuvel, at the National Institute for Personnel Research (NIPR), developed the General Adaptability Battery (GAB) to identify occupational suitability for Black people who had little or no formal education, arguing that Black people were not familiar with content of items or the type of test material used, introducing the concept of "adaptability testing". Alongside this the Institute for Psychological and Edumetric Research (IPER) developed educational and clinical tools. In the late 1980's they were amalgamated into the Human Sciences Research Council (HSRC) which specialised in developing local tools. Psychological assessment practices were used to provide rationale to deny people access to education and economic resources (Nzimande, 1995 cited in Laher & Cockcroft, 2013; Claasen, 1997 cited in Laher & Cockcroft, 2013). With the release of Nelson Mandela in 1990 and the first democratic elections in 1994, the new constitution was ratified and promoted a system of mutual respect, protection of human rights, democracy and freedom of expression.

The HSRC was restructured and psychological testing and assessment was repositioned. Both the local and international tests were sold to private organisations who took over test development, adaptation and distribution.

Psychological testing remains a contested area, with critics questioning the value in our diverse population. Proponents have argued for a focus on valid and reliable tests in a multicultural, multilingual society, which takes exposure to educational opportunity into account (Foxcroft & Roodt, 2009; Laher & Cockcroft, 2013).

3.2.2. Long term effects of political systems: Apartheid policy.

Posel (2001) writes of the constitutional commitment to non-racialism and eradication of discrimination, but in the everyday lives of its citizens, many still make choices and judgements of others based on race. Racial categorisation remains, not only because of the lasting effects of apartheid-type thinking, but also within an ethical and political argument. Redress of past disadvantage is linked to racial classification. The transformation agenda has given new life to racial classification. The geographical boundaries drawn by apartheid policies still, in effect, separate one group from another, with many still impoverished, living in distant townships, far from amenities and living in under-resourced communities. This directly impacts on the lives of those living with intellectual disability, such as Sarai and Themba.

For the most part, the resources available to the resourced and mostly White members of the community rival those in any developed nation, such as Madelaine. Juxtaposed are the under-resourced, stretched state services which can barely cope with the backlog of assessment and support needed. The burden of disease (as discussed later in this section) weighs most heavily on the poor and mostly Black members of the South African community. For many, little has changed since the change to democracy in 1994. As Swartz (2016) states: “We dare not forget the enduring effects of racism. We dare not focus on poverty without focusing on racism as its root cause. We dare not attempt to build a ‘normal society’ without addressing the outrage and pain of entrenched racial inequality” (p. 68).

3.2.2.1. Educational opportunity.

Under Apartheid, the differences in educational facilities, made available for different race groups, was legislated, differently funded, with specific and discriminatory curricula and resulted in inequity, which is taking decades to redress. Post 1994, 19 differing departments of education, in a fragmented and inequitable system, had to be restructured, a common curriculum developed and infrastructure developed (Swartz, 2016). The needs of children with specific or global learning difficulties are proposed to be addressed within an inclusionary system where multidisciplinary district based support teams provide support to schools (Foxcroft & Roodt, 2009). This model is in varying stages of implementation, with these teams having been established in the Western Cape. The necessary support services are in high demand and are considerably overstretched, resulting in long delays for appropriate placement, as evidenced in Themba's story.

3.2.2.2. Relationship between age and educational opportunity.

Given this history, there are many people with intellectual disability who have never been formally assessed and have little to no access to education or support, as evidenced in Sarai's life. There are no figures available. Given the demand and long waiting lists for schools and assessment and placement in the Western Cape, which is arguably the most resourced area in Africa, the need is enormous.

3.2.2.3. Family systems.

Family systems were also ruptured, through migrant labour policies, restriction of movement into urban areas, the Group Areas Act which moved people from accessible and stable communities into distinct and distant urban and rural areas, further impoverishing and distorting existing social structures. The effects of these policies and actions have caused deep and lasting damage. Given that in poorer communities, the intellectually disabled are predominantly cared for by family members (McConkey, 2016), and the recognition given to

the primacy of the family as the foundational grouping in society by the CRPD (UN, 2006), this rupture further adds to the disablement, as illustrated in the lives of Sarai and Themba.

3.2.3. Long term effects of economic systems.

The Twenty year review : South Africa, 1994-2014 states that:

> …within the first two decades of democracy, the government built roughly 2.8 million houses and delivered 876 774 serviced sites (water, electricity, sanitation) for those who had been forced to live in the previous Bantustans. This provided roughly 12.5 million people with access to housing and a fixed asset. In 1994, just over 50% of South Africans had access to basic sanitation; this improved to 83% by 2012. Access to water improved from 60% of households in 1994, to 95% by 2012. Electricity supply has improved from 50% to 86%. (The Presidency of the Republic of South Africa, 2014, p. 86.)

This speaks, not only of improvements, but also of the level of poverty that needs to be addressed. The general household survey was conducted in 2014 and reported in 2015. The South African Child Gauge gives the following economic and poverty related figures for South Africa and the Western Cape (Delany, Jehoma, & Lake, 2016):

Table 3.1.

Summary of Poverty Related Indicators for South Africa and the Western Cape

2014	**South Africa**	**Western Cape**
Total adults	35 179 000	4 254 000
Total Children under 18	18 508 000	1 876 000
Children living in income poor households (<R923/person per month)	11 666 000 (63%)	736 000 (39.2%)
Children receiving Child support grant (available on a means –	11 972 900	966 345

2014	South Africa	Western Cape
tested basis to children under 18 years)		
Children receiving care dependency grant (physical and mental disability and chronic illness)	131 040	12 626
Under 5 mortality rate	39 per 1 000 live births	
Infant mortality rate	28 per 1 000 live births	
Neonatal mortality rate	11 per 1 000 live births	
School attendance (7-17 years)	97.8% (10 715 000)	97.5% (1 073 000)
Children 16-17 years who passed Grade 9	66.5% only 60% in poorest quintile	77.4%
ECD attendance in 5-6 year olds	91.5% (1 872 000)	81.8% (182 000)
Living in traditional housing	11.6%	0%
Living in informal housing	10.6%	15.6%
Living in formal housing	77.7%	84.4%
Access to on site clean water	68.6%	93.5%
Access to basic sanitation	74.4%	91.9%

Adapted from South African Child Gauge, The Children's Institute, University of Cape Town, 2016 (p. 111-116 & 119-134)

3.3. Intellectual disability in the South African context

In order to provide a wider context, reference should be made to earlier prevalence figures in the previous chapter, regarding global prevalence. (section 2.2.3) This section will look at the African context and then at the South African and local context of the Western Cape.

3.3.1. The prevalence and understanding of intellectual disability in Africa.

Intellectual disability accounts for the largest disability grouping in Africa (Mckenzie, McConkey, & Adnams, 2013), but there is a dearth of information regarding its prevalence.

Poverty, illness and war impact heavily on the vulnerable who need support. The effect on the intellectually disabled can be extrapolated. Africa is made up of many different cultures and groupings who have their own, differing understandings and attitudes and to make broad generalisations is demeaning and simplistic. Studies from a variety of people groups are described, which can only provide a flavour of some of the differences in meaning, understanding and practice which need to be respected and sometimes challenged in relation to intellectual disability.

Whyte (1998) describes work amongst the Nyote people in Uganda. She highlights the positioning of personhood within kinship relationships according to the biological father. This identity belongs to all, regardless of ability. She describes the skills that are valued and relates them to a concept of social competence. The first is advisability, the "willingness to accept guidance" (p. 155) and is enacted within social relationship. The second is intentionality. This involves planning, deciding and acting, "seeing what has to be done and doing it without having to be told" (p. 156). The third is civility. Again this is enacted within social relationship, involving attentiveness, respect and courtesy. The fourth is conversation. This involves both listening and speaking and the flow of conversation. It involves telling news, sharing stories, humour, understanding subtlety and rhetoric. The fifth is that of cleverness, where humour, creativity and problem solving is valued. An overriding principle is that of social responsibility as an important dimension to intelligence.

Tan, Reich, Hart, Thuma, and Grigorenko (2014) describe a study using a translation of the VABS II into Chitonga and adapted to a setting in rural Zambia. The study found no association between adaptive behaviour and the chosen cognitive ability indicators but a strong relationship with reading measures. This differs from studies in developed nations where there is a modest correlation. They posited that Western based cognitive measures are aligned with school achievement rather than what is valued as intelligent behaviour within

the community. School attendance, teacher absenteeism, distance to travel to school, large classes, negative life circumstances, to mention a few variables, were identified as impacting school learning.

Mckenzie et al. (2013) cite research carried out by the Africa Child Policy Forum (2011) which estimates that fewer than 10% of disabled children attend school, of whom those with intellectual disability and multiple disabilities are most likely to not attend school. In Senegal, up to 86.5% of children with intellectual disability were found to not be attending school. The Human Rights Watch report of 2015 highlighted the ongoing discrimination and gap between policy and practice in providing inclusive education for children with disabilities in South Africa (Human Rights Watch, 2015). Difficulties included access, physical and attitudinal barriers, extra costs, vulnerability to abuse, low quality of education and a lack of preparation for life after school.

Mckenzie et al. (2013) further cite various studies from a variety of African countries in which the cause of intellectual disability is believed to be of supernatural origin caused by "divine retribution or witchcraft" (p. 1751) and that this can have detrimental consequences for the person with intellectual disability. They also describe religious discourses amongst those of Christian or Muslim faith in which the person is viewed as a "gift from God" (p. 1751) which assumes an innocence on the part of the person with intellectual disability and a challenge to the faith and strength of the family. This can have both positive and negative effects.

In Egypt and Nigeria, Scior (2011) found that acceptance of disability was related to severity of intellectual disability, with a greater acceptance when the person could make a contribution to the household but less acceptance when dependent and a drain on family resources.

Pillay (2003), in a study comparing a rural and urban sample of children in South Africa, found that the "rural children had significantly higher levels of social maturity than the urban group relative to their IQ" (p. 178). He concludes that children living in rural communities, where there is an almost complete lack of formal support structures, are given tasks by their family and community and participate in domestic life from a very young age thus giving them life skills to better deal with everyday living.

Services and support are variable through Africa, and as in other middle and low income countries, there is a reliance on nongovernmental, community and faith organisations to provide services, but for the most part people with intellectual disability are reliant on family and kinship relationships.

3.3.2. The prevalence of intellectual disability in South Africa.

Grover (2000) described the following figures as a guide, a prevalence of 3-4% and those with an IQ below 50, of 0.4%. In terms of prevalence according to severity, she based her figures from those reported in 1967 by Van Wyk, that 83% of these are in the mild range, 13% in the moderate and upper severe range and 4% in the severe lower and profound range.

Christianson et al. (2002) conducted a study amongst rural children. From a screening sample of 6 692, 722 were given a paediatric evaluation and 238 children were diagnosed with intellectual disability, giving a prevalence of 35.6 per 1 000. The prevalence of mild intellectual disability was 29.1 per 1 000 and severe intellectual disability 0.64 per 1 000.

Kromberg et al. (2008) screened 6 692 children between 2-9 years old in a household survey in a rural area. Of these, 722 screened positive and were examined and were assessed neuro-developmentally by a paediatrician. Intellectual disability was found in 3.6% of children with the prevalence of mild intellectual disability being 2.9% and that of moderate and severe disability being 0.64%. These are very similar findings to the study by Christianson et al. (2002).

Adnams (2010), in a review of available literature, quotes the National Disability survey figure of 1.1% in 1999, a national census figure in 2001 of 0.5%, noting however that the census did not include any people living in institutional care. She cites a further national survey of severe disability at a figure of 0.27%. She found little evidence of description of geographical distribution or across population or age groups. She found a high incidence of preventable causes of intellectual disability.

3.3.3. The prevalence of intellectual disability in the Western Cape.

There are no specific figures for this area, however Adnams (2010) reported prevalence rates of FAS, being the most severe form along the spectrum of FASD, citing research by May et al. (2007 cited in Adnams, 2010) and Urban et al. (2008 cited in Adnams, 2010) of prevalence rates between 6.7% and 8.9% with FAS or partial FAS in children in Grade 1. She accords these as being the highest in the western world. She identifies this as a major public health problem in South Africa. This disorder is highlighted, as it is symptomatic of the political and economic determinants which significantly determine incidence of intellectual disability in the region of the Western Cape. Soudien and Baxen (2006) cite figures from the Department of Education in 2001 of 82 special schools in the Western Cape, for 9 213 learners (inclusive of a variety of disabilities). The Western Cape has 5.47% of the disabled population but 21.58% of South Africa's special schools. There is marked disparity of services for people with disabilities in different regions of South Africa. The Western Cape is relatively well resourced when compared with other parts of the country.

3.3.4. Financial support for people with intellectual disability.

Three social grants are accessible to provide financial support for people with intellectual disability and their families in South Africa and would be available for Sarai, Themba and Madelaine:

1. The Child Support Grant (CSG) currently at R360 per month given to 11 972 900 children nationally which provides income support for caregivers of children below 18 years living in poverty. It is available to South African citizens, permanent residents and refugees with a means test of R3 600 per month for a single caregiver.
2. The Care Dependency Grant provides income support for caregivers of children under 18 years with a physical or mental disability who require and receive permanent care or support services. It requires a medical assessment. It is currently at R1 510 per month. It is available to South African citizens, permanent residents and refugees with a means test of R15 100 per month if a single caregiver. This is given to 131 040 children.
3. The Disability Grant provides income support for people with a physical or mental disability between 18 and 59 years of age after which they qualify for an old age pension. It requires a medical assessment. It is currently at R1 510 per month. It is available to South African citizens, permanent residents and refugees.

The South African Child Gauge (Delany et al., 2016) reports that access to the general CSG is still low with one in five eligible children (1.8 million children) not receiving grants. However, they estimate that between 2003 and 2014 there has been a drop from 60% food poverty to 30%. They attribute this to social grants.

3.3.5. The protection of disability rights within South Africa.

At an international level, various resolutions regarding the rights of people with disabilities coalesced in the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006) (CRPD) and through the World Report on Disability (WHO and The World Bank, 2011) as referred to in the previous chapter. International agreements are not

legally binding on the signatory country and following, whether this is then encoded into national law. These agreements do provide a framework for policy (Emerson et al., 2007).

3.3.5.1. The United Nations Convention on the Rights of Persons with Disabilities.

South Africa is a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The following articles are of particular importance with regard to the subject of this research.

Article 1 states that "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

It recognises the full range of rights that should be enjoyed by persons with disability and the greater risk of exploitation, neglect and abuse for this group.

Article 12 enshrines the right to equal recognition before the law; "persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life but may need extra support to exercise this capacity" (section 2). The state is required to take responsibility for providing this support and it is further required that the person's rights, will and preference are respected, the assistance will be free of conflicts of interest and undue influence and that the measures put in place are proportional and appropriate to the person's circumstances.

Article 13 enshrines the right to effective access to justice on an equal basis to others, including the provision of appropriate accommodations at all stages to support direct involvement in proceedings, including the investigative stages and the provision of appropriate training for those involved in the administration of justice.

Article 16 enshrines the right to freedom from exploitation, violence and abuse and requires that signatory states prevent such abuse and put measures in place to recognise and

report such abuse when it takes place, that they obtain appropriate assistance for recovery and that legislation and policies are put in place to investigate and where appropriate prosecute such cases. (United Nations Convention on the Rights of Persons with Disabilities, 2006)

3.3.5.2. The South African Constitution.

As a country, we generally have sound policy in place but the gap between the ideals in policy and the implementation on the ground, is large. As a basis, we have a constitution which is widely regarded and respected as protective of human rights. This forms the basis and benchmark against which South African laws are formulated and tested. It contains a Bill of Rights requiring the State to protect and promote the right to dignity, equality and freedom from violence for *all* its people (emphasis added). The Constitutional Court provides an opportunity for legal challenge if human rights are infringed. These are the laws which should provide protection and recourse for Sarai, Themba and Madelaine

3.3.5.3 Guidelines of the legal protection in relation to differing levels of intellectual disability.

Various laws provide protection which are pertinent to people with intellectual disability. Table 3.2. describes the laws which pertain to various levels of severity of intellectual disability.

Table 3.2.

Guidelines of the Legal Protection in Relation to Differing Levels of Intellectual Disability

Level of intellectual disability	Relevant South African Legislation	Legal implications
Mild intellectual disability	Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 (Republic of South Africa, 2000).	Generally cope well in supportive structure. Usually can be sworn in and testify reliably. Should be seen as vulnerable.

Level of intellectual disability	Relevant South African Legislation	Legal implications
		Court preparation necessary and possibly a simplified oath. Use of an intermediary. Care under cross examination.
Moderate intellectual disability	Mental Health Act 17 of 2002 – capable of "partial self-maintenance under close supervision together with limited self-protection skills in a controlled environment". (Chapter 1, section 1, xxxvi)	Needing more support but may be able to give reliable testimony. Use of an intermediary. Careful assessment of differentiation of truth and falsehood using familiar concepts and concrete examples. A simplified oath. Account is simple, usually not able to give dates or times. Use of anatomically correct dolls may assist. Avoid misleading during cross examination, be aware of acquiescence and suggestibility
Severe intellectual disability	Mental Health Act 17 of 2002 – capable of "partial self-maintenance under close supervision together with limited self-protection skills in a controlled environment through limited self-care and requiring constant aid and supervision". (Chapter 1, section 1, xxxvi)	Need extensive support in order to testify. Some possible difficulty understanding the difference between truth and falsehood as they don't readily understand the concept, therefore can exclude even if they can provide a consistent account.

Level of intellectual disability	Relevant South African Legislation	Legal implications
Profound intellectual disability	Mental Health Act 17 of 2002 – have "severely restricted sensory and motor functioning" and require "nursing care". (Chapter 1, section 1, xxxvi)	Not be able to consent or act as a witness. Court will have to depend on witnesses or forensic evidence

Adapted from Dickman (2013) and used with permission.

The laws which relate to sexual abuse and are pertinent to this research are listed below with a brief description of pertinent sections.

3.3.5.4. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

This stipulates that at the time of the alleged offence:

- if the complainant was unconscious or under the influence of substances they could not freely agree to sexual intercourse.
- They could not consent if at the time of the alleged offence they were mentally disabled. This is further qualified as including any person "affected by any mental disability or disability of the mind to the extent that he or she, at the time of the alleged offence was:
    a) unable to appreciate the nature and reasonably foreseeable consequences of a sexual act
    b) able to appreciate the nature and reasonably foreseeable consequences of such an act, but unable to act in accordance with that appreciation
    c) unable to resist the commission of any such act, or

d) unable to communicate his or her unwillingness to participate in such an act".

(Republic of South Africa, 2007a)

3.3.5.5. The Criminal Law (Sentencing) Amendment Act of 2007.

This legislates for discretionary minimum sentences for certain offences. The minimum sentence is life imprisonment for rape of a complainant who meets the definition of mental disability in the Sexual Offences Act at the judge's discretion (Republic of South Africa, 2007b).

3.3.5.6. The Criminal Procedures Act 51 of 1977.

There are a number of protective measures in this act (Republic of South Africa, 1977) which are helpful when an intellectually disabled person is called to court. Application can be made for the trial to be heard *in camera* (not open to the public) and for the identity of the complainant to be protected.

Section 170A states: "Whenever criminal proceedings are pending before any court and it appears to such a court that it would expose any witness under the biological or mental age of eighteen years to undue mental stress or suffering if he or she testifies at such proceedings, the court may…appoint a competent person as an intermediary in order to enable such a witness to give his or her evidence…" (paragraph 1)

Paragraph 2 (b) makes provision for the intermediary to "convey the general purport" of the question.

Paragraph 3 (a) makes provision for the court to direct the witness to give evidence in a place which is informally arranged in order to set the witness at ease and (b) for this to be situated away from any person whose presence may upset the witness. Evidence is given through a closed circuit television.

It can also be argued that the complainant needs an intermediary to enable or facilitate her rights to appropriate accommodation to support direct involvement in proceedings (Article 13).

Further, section 164 (1) makes provision for a witness or complainant to be admonished to tell the truth if he or she is "found not to understand the nature and import of the oath or affirmation". The presiding officer then makes a decision about competence having heard the evidence.

Section 194 still has outdated wording: "No person appearing or proved to be afflicted with mental illness or to be labouring under any imbecility of mind due to intoxication or drugs or the like, and who is thereby deprived of the proper use of his reason, shall be competent to give evidence while so afflicted or disabled". There have been calls to update the language in this section.

3.3.5.7. The Domestic Violence Act 116 of 1998.

The act (Republic of South Africa, 1998) sets out procedure for an application for a protection order against a perpetrator with the aim of preventing future abuse. The definition of "domestic relationship" is wide and covers a complainant in a residential facility to apply for a protection order against another resident or member of staff.

3.3.5.8. The Mental Health Care Act 17 of 2002.

This act (Republic of South Africa, 2002) includes a definition of severe and profound intellectual disability which can serve as a useful criterion-based definition. Chapter 1, Section 1 xxxvi states, "Severe and profound intellectual disability means a range of intellectual functioning extending from partial self-maintenance under close supervision together with limited self-protection skills in a controlled environment through limited self-care and requiring constant aid and supervision, to severely restricted sensory and motor functioning and requiring nursing care".

Adnams (2010) makes the point that despite progress in terms of policy and legislation and the good practices of numerous governmental and non-governmental departments and organisations, marked inequities in access and human rights are still a reality for many people with intellectual disability.

3.4. Psychological assessment of intellectual disability in the South African context

Global disparities are reflected in our South African society. For those with resources to pay for private psychological assessment, there are psychologists available in most urban areas. Madelaine would have received services from this sector. However, within the state educational and health sector there are few psychologists employed, and even in the relatively better resourced urban areas such as Cape Town, children identified at school as having learning difficulties can wait years for an assessment, as is the case for Themba. Sarai would have had no access to psychological services growing up. In the last few years community service psychologists are providing services to rural areas but remain overstretched and rural areas remain underserved. Psychological assessment recommendations are often based on the assumption that resources for support and education are available. However, people are "placed" according to cut off scores due to enormous pressure for the few available places at school and facilities providing care. For many there are long waiting periods or there are no facilities or support.

Often there is an over reliance on IQ scores, obtained through using abbreviated tests, through pressure of clinical need, and assessment of adaptive functioning is not standard procedure.

3.4.1. Historical background.

Testing and assessment cannot be separated from the social, political and economic realities which impact the individual being assessed and the community of which they are a part. Historically, within the South African context, as discussed previously, psychological

assessment developed in a society where resources and opportunities were dependent on racial classification and in a context which was deeply divided and unequal. Early instruments were standardised on Whites only and used for placement and assessment of special educational needs. Differing performance of different race groups was used to argue for "Bantu education", without regard for differing quality in schooling, lack of familiarity with tasks, cultural bias or previous educational exposure (Foxcroft & Roodt, 2013). Foxcroft and Roodt (2013) further point out that between 1969 and 1984 the Human Sciences Research Council (HSRC), during the apartheid era, used western models to develop similar tools for individual language and race groups.

3.4.2. The present situation.

With socio-political change during the late 1980's and early 1990's, researchers began to critically examine bias and fairness of the tools being used. Since 1994, with the election of a democratic government, psychological tests and assessment processes have been viewed with some scepticism and mistrust. In 1996 a Psychometrics Committee was formed by the Professional Board for Psychology in order to regulate fair and ethical test use in South Africa. Foxcroft and Roodt (2013) argue that this process has forced psychologists to critically examine why and what test measures are used, and to address the challenge of using them ethically in a diverse society. It has further challenged researchers to provide empirical evidence as to the usefulness of the assessment measure.

At the South African Neuropsychological Association conference, Thomas (2010) highlighted some factors, particular to test use, that need to be considered in the South African context. We live in a multilingual society with 11 official languages. Age does not necessarily predict level of education, because of differing access to educational opportunities. There is gross economic disparity and disparity in quality of education. There

are varying levels of acculturation to western cultural norms. He proposed that there were a number of approaches which could be taken with regard to test development and research:

- Create, standardise and norm South African specific tests;
- Modify existing tests to satisfy local concerns and develop norms for modified tests; or
- Develop normative data sets for unmodified existing tests.

There are complex ideological issues surrounding the history of intelligence testing in South Africa. Any research in the area of assessment within the South African context must take cognisance of these issues (Davidson & Dickman, 1990).

3.4.3. Assessment tools used in SA context.

The importance of choice of appropriate test is amplified as the complexity of language, socioeconomic differences, quality of educational opportunity, familiarity with test taking procedures and anxiety in terms of the person's own sense of their ability.

Two distinct categories of norms are delineated in the psychometric assessment studies:

1. Population-based norms (standardisation data) which are derived from large samples representative of the general population and allow for location of ability relative to the general population.
2. Within-group norms which closely approximate the subgroup to which the individual belongs. Examples of this are the norms for a variety of clinical neuropsychological tools where an age group or level of education are delineated. This allows for comparisons with the subgroup that best approximates the person's particular demographic profile for diagnostic purposes (Shuttleworth-Edwards, Gaylard, & Radloff, 2013). Shuttleworth-Edwards et al. (2013) argue

that such normative indicators are less prone to false diagnostic conclusions when using standardisation data which is not demographically applicable.

Table 3.3. describes assessment measures used in the assessment of intellectual disability in the South African context. Some have local norms but given the variety of language, educational opportunity and quality, and cultural diversity, most measures have to be used with caution and corroborated with history. The importance of clinical judgement in using a variety of sources of information is fundamental to ethical practice in our context.

Table 3.3

Commonly Used Assessment Tools Used in the South African Context

Use	**Assessment Tool**	***Notes***
Screening measures	*The Goodenough-Harris Drawing Test or Draw-a-Person*	Useful quick estimate of ability in younger children
Global development	*The Griffiths Mental Development Scales - Extended and Revised (GMDS-ER)* *Griffiths III (newly published - 2016)*	South African involvement in development and norms Birth to 6 years
	The McCarthy Scales of Mental Abilities	US norms 2-8 years English Developed in 1972, not revised
General Intelligence Quotient measures	*Wechsler Preschool and Primary Scale of Intelligence (WPPSI)*	UK Norms 4-7 years English
	Junior South African Intelligence Scales (JSAIS)	Developed in South Africa 3-7:11 years Norms for English and Afrikaans

Use	**Assessment Tool**	***Notes***
	Wechsler Intelligence Scale for Children – Revised (WISC-R)	UK Norms 7-16 years English Useful for mild intellectual disability. Using the older version and norms avoids the Flynn effect of the later tests and gives a varied picture of verbal and non-verbal ability
	Wechsler Intelligence Scale for Children - Fourth Edition (WISC IV)	UK Norms 7-16 Years English South African within-group norms for 13-year-olds, stratified for race and quality of education
	Senior South African Intelligence Scales – Revised (SSAIS-R)	South African Norms 7-16 years English and Afrikaans Proportional norms for low SES
	South African Wechsler Adult Intelligence Scale (SAWAIS)	Developed in South Africa derived from the WAIS South African norms Over 16 years Outdated, published 1969
	Wechsler Adult Intelligence Scales – Third Edition (WAIS-III) SA Adapted	South African norms Over 16 years

Use	**Assessment Tool**	***Notes***
		Adapted for English and Afrikaans Limited applicability
	Wechsler Adult Intelligence Scales – Third Edition (WAIS-III)	UK Norms Over 16 years South African within-group norms for 12 years and 15 years of completed education, stratified for race and quality of education
	The Individual Scale for General Scholastic Aptitude (ISGSA)	Developed in South Africa Norms for 4-16 years English and Afrikaans Proportional norms for low SES
	Individual Scale for Xhosa, Northern Sotho, Southern Sotho, Tswana, Zulu speaking Learners (in each language)	Developed in South Africa Norms for 9-19:11 years Limited clinical usefulness and outdated
Non-verbal tests of intelligence	*The Ravens Progressive Matrices*	Local norms have been published by JvR Psychometrics Useful for people from disadvantaged circumstances Does not require fine motor coordination as no constructional arrangement of materials required Does rely on visual acuity and processing
	Coloured Progressive Matrices	Age 6-12 1/2 years Urban and rural samples

Use	**Assessment Tool**	***Notes***
	Standard Progressive Matrices *Advanced Progressive Matrices*	Adults
	The Grover – Counter Scale of Cognitive Development (GCS)	Developed in South Africa Norms for 3-7 years Intended use is for children who have expressive and/or receptive language difficulties
	Non-verbal tests from the Wechsler subscales	See above
Neuropsychological assessment	*Kaufman Assessment Battery for Children, Second Edition (KABC-II)*	SA Norms 3-18 years Designed to minimise verbal instruction Uses two models of intelligence, the CHC or Luria model which excludes verbal ability Helpful in identifying a more detailed profile of cognitive strengths and weaknesses in the person with mild disability
	NEPSY – Second Edition (NEPSY-II)	Ongoing research to develop SA norms 3-16 years Helpful in identifying a more detailed profile of cognitive

Use	**Assessment Tool**	***Notes***
		strengths and weaknesses in the person with mild disability
Adaptive Functioning	*Vineland Adaptive Behavior Scales II (2005)*	US norms 0-90 years
	Vineland Adaptive Behavior Scales -3 (2016)	US Norms 0-90 years
Comorbid Psychiatric evaluation tools	*Mini Psychiatric Assessment Schedule (Mini PAS ADD)*	Symptoms may be differently expressed in a person with intellectual disability Semi-structured interview with an informant who is familiar with the person.
	The Diagnostic Criteria for Psychiatric Disorders for adults with Learning Disorders (DC-LD)	Developed by the Royal College of Psychiatrists for use with adults with mild intellectual disability
	Autism Diagnostic Observation Schedule-Second Edition (ADOS-II)	A detailed observation schedule for the diagnosis across ages, developmental level and language skill

Adapted from commercial information on tools and information from: Dickman, 2013; Foxcroft & Roodt, 2013; Mindmusik Media @ mindmuzik.com; Shuttleworth-Edwards et al., 2004; Van Eerden & De Beer, 2013; Van Zyl & Taylor, 2011.

3.5. Sexual violence

Sexual violence and rape occur in all societies and in all classes of society. The World Report on Violence and Health define it as follows:

> Any sexual act, attempts to obtain a sexual act, or acts to traffic for sexual purposes, directed against a person using coercion, harassment or advances made by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002 p. 149)

3.5.1. Overview.

Dartnell and Jewkes (2013) make the following salient points. There is no such thing as a rape free society, frequency varies from one in twenty to one in two woman have been raped by an intimate or non-intimate person. The prevalence of rape perpetration is estimated that between one in twenty and one in three men have perpetrated rape. Men and boys are also victims and in many settings, prevalence is quite high. (South African studies vary between 33.4% to 9.6%) Perpetrators include men and women. In child sexual abuse, girls are more at risk than boys but it is common and affects both boys and girls. The perpetrator is usually known. Schools are often a site of sexual violence.

3.5.2. Sexual abuse in South Africa.

Prevalence rates of sexual assault in South Africa are high. A conservative estimate of rape, based on surveys conducted in 1997, reports 134 incidents per 100 000 women in that year. Of these, 68 per 100 000 had reported the rape incident to the police (Hirschowitz, Worku, & Orkin, 2000). Jewkes and Abrahams (2002) refer to figures of 240 incidents of attempted rape and rape per 1 000 000 women but that this represents only “the tip of the iceberg of sexual coercion” (p. 1231). Hirschowitz et al. (2000) also report that only 47.6% of rape cases reported to the police were referred to court after investigation. Of those referred to court, 45.6% were withdrawn and 4.5% settled out of court. Of the 22 121 reported cases that went to court only a fifth (19.8%) resulted in a conviction of the accused. The reported rates of sexual violence in South Africa are the highest amongst all of the members of Interpol. Dartnell and Jewkes (2013) report that 28%-37% of men in South Africa have

perpetrated rape. Sufficient to say that sexual violence is a very serious and common public health and societal issue in South Africa. It is not the focus of this research but it is the crime that makes it necessary. Sarai, Themba and Madelaine had all been victims of the crime.

3.5.3. Sexual abuse in intellectual disability.

There is a growing body of literature describing the extent of sexual abuse of people with intellectual disability (Dickman, Roux, Manson, Douglas, & Shabalala, 2006). There has also been an increasing concern about the difficulties of obtaining redress and access to justice for people with intellectual disability who have had sexual crime committed against them. The police and justice system do not keep specific records of complainants with intellectual disability. Sources within the South African Police Service and Department of Justice estimate that only one or two cases were considered for prosecution annually prior to 1990 in Cape Town (Dickman et al., 2006). One of the key difficulties associated with obtaining prosecutions for sexual abuse of people with intellectual disability is the assessment of intellectual disability itself.

3.5.4. Impact of sexual abuse on persons with intellectual disability.

Review of the literature indicates that there is empirical evidence and it is well documented that adverse or traumatic life events impact the mental health of both those in the general population and those with intellectual disability (Abrahams & Gevers, 2017; Hastings, Hatton, Taylor, & Maddison, 2004; Kitzmann, Gaylord, Holt, & Kenny, 2003).

People with intellectual disabilities often do not have the age appropriate verbal expressive skills, thus distress may be communicated through behavioural changes. Their response to trauma may be mediated by their developmental level. The effects of trauma differ in expression in those people with mild disability compared with those with severe disability (Doyle & Mitchell, 2003; Wigham, Hatton, & Taylor, 2011).

Wigham et al. (2011) reviewed 15 recent articles on the effects of traumatising life events on people with intellectual disabilities.

Possible and reported effects include:

- Behavioural problems such as "acting out", sexualised behaviour, verbal abuse, self-harm, withdrawal, lethargy, stereotypical behaviour, hyperactivity, overly compliant, inappropriate speech or unusual statements.
- Emotional problems such as anxiety and fear, depression, Post-Traumatic Stress Disorder (PTSD), irritability, psychiatric symptoms and diagnoses.
- Physical health changes.
- Changes in skills needed for independent functioning such as decreased self-care and grooming, decreased personal self-sufficiency and community self-sufficiency, decreases in social functioning and social engagement.

3.5.5. Access to the justice system.

Pillay and Sargent (2000), in discussing the psycho-legal issues of rape survivors with intellectual disability, make the point that it is essential that the judiciary is aware of the need for simple language and questioning in order for people with intellectual disability to be competent and credible witnesses. An assessment of their day-to-day functioning provides a qualitative description of the particular vulnerabilities of the person assessed, particularly in relation to sexual abuse and a quantitative measure of their level of functioning. This information is helpful in preparing the court for the person coming into the witness box, thus facilitating access to justice for the person with intellectual disability.

Further, an accurate assessment of the person's level of disability is significant within the South African legal system as the legislation differentiates between levels of disability in terms of ability to give consent and the severity of the sentence, if the accused is found guilty. The Criminal Law Amendment Act 105 of 1997, Section 51, specifies minimum sentences

and the Criminal Law (Sexual Offences and related matters) Amendment Act 32 of 2007, Section 57 (2), defines the relationship between mental disability and the ability to consent to the sexual act. This amplifies the importance of having assessment tools which are valid and reliable for this group of clients.

3.6. Cape Mental Health

Cape Mental Health is a registered non-profit organisation based in Cape Town, South Africa. It is part of the South African Federation for Mental Health. Consumers are people with intellectual disability, psychiatric disability and emotional adjustment problems. As an organisation, it is committed to challenging discriminatory practices.

3.6.1. SAVE programme.

In the early 1990s Cape Mental Health Society (CMHS) as it was then, was approached by the South African Police Services and the Department of Justice to provide a psycho-legal assessment for complainants with intellectual disability in sexual assault cases. The Sexual Abuse Victim Empowerment (SAVE) programme was established and its services are increasingly used.

Services include an initial screening interview, followed by a psycho-legal assessment. The purpose of the assessment is threefold:

1. to determine the level of intellectual disability;
2. to assess the client's competence as a witness; and
3. to assess the client's ability to consent to sexual intercourse.

The findings are written up in a formal report, which is submitted to the police officer investigating the case. If the case proceeds to court, the psychologist concerned is called upon to give expert evidence regarding the contents of the report, prior to the person with intellectual disability coming into the court, thus facilitating this process and assisting the court in understanding this person's abilities and limitations. Emotional and practical support,

together with court preparation are provided for the complainant and their family, by the social work services of the organisation. (Further detail is provided in the methodology chapter, section 4.7.1)

3.6.2. Prior research.

Research of the SAVE programme has focused on two areas: programme effectiveness in relation to court and process outcomes and psychiatric and psychological consequences to the person with intellectual disability experiencing sexual trauma.

3.6.2.1. Court and process outcomes.

Research was published on the effectiveness of the programme in 2005 (Dickman & Roux, 2005). Between 1990 and 2000, 94 complainants were assessed. Of these, 92.6% were female and 7.4% were male. The age range was between six years and 40 years and 40.4% were under the age of 18. Of the cases in which the matter was finalised (72%), the accused was found guilty in 28% of the cases, was acquitted in 25% and the matter was withdrawn in 47%. It is important to recognise that, given the high rates of sexual violence nationally and the lack of reporting to the police, this group represents a small part of a much larger-scale problem.

A further report (Cape Mental Health, 2008) described the client group between 2000 and 2006. The number of complainants had grown to 354 complainants referred during this period, however their sample included 303 assessments of people with intellectual disability. Of these, 92.3% were female, a similar finding to Dickman and Roux (2005). In this sample 43% were under the age of 16. Of the total sample, 69% were found to be able to testify with support (n=210). Of this number 45.7% were in the range of mild intellectual disability, 42.4% in the range of moderate intellectual disability and 11.9% in the range of severe intellectual disability. Other studies also have a proportionate over-representation of more severe levels of disability (Brown, Stein, & Turk, 2010; Mansell, Sobsey, & Calder, 1992).

Of the cases in which the matter was finalised (79.9%, an increase of 7.9% from the previous study), 28.1% of the accused were found guilty (28% in previous study), 18.2% were acquitted (25% in previous study) and 53.7% were withdrawn (47% in previous study).

3.6.2.2. Psychiatric and psychological consequences.

In 2009, two unpublished studies were conducted. The first (Jasson, 2009) conducted an explorative study regarding the prevalence of PTSD in this group, comparing self-reported symptoms with caregiver reported symptoms. The sample included 27 participants with a history of rape or sexual assault and a control group of 27 with no reported sexual trauma. Tentative evidence of a greater association of rape or sexual assault and PTSD diagnosis was found with eight people (29.6%) of the 27 meeting DSM-IV-TR criteria, compared to one person (3.7%) in the control group. There were also significantly more symptoms of PTSD reported in the participants with a history of sexual trauma, although not meeting the full criteria for diagnosis. There was no overall significant difference in reporting symptoms between the caregiver and the self-report. However, the symptoms of re-experiencing and arousal were significantly different when given by self-report. This endorses the importance of listening to the person with intellectual disability's own account when assessing the emotional impact of sexual trauma.

The second (Kwendakwema, 2009) compared behavioural challenges in people with intellectual disability who had a history of sexual trauma and those with no history of sexual trauma. Caregivers of 54 people living with intellectual disability were interviewed using the Aberrant Behaviour Checklist – Community. In 27 cases there was a history of sexual trauma and 27 cases formed the control group with no reported history. The key finding was that those with a history of sexual trauma exhibited a greater number and severity of challenging behaviours, especially on the irritability, lethargy and hyperactivity subscales. Challenging behaviours may well be an expression of trauma in people with intellectual disability.

In 2010, two further exploratory and unpublished studies were conducted with this group. The first (Linden, 2010) used the PASS-ADD checklist to interview a sample of caregivers of people with intellectual disability with (n=27) and without (n=27) a known history of sexual trauma. The total sample had a fairly high prevalence of psychiatric symptoms. The group who had experienced sexual trauma had significantly higher scores in the affective/ neurotic subscale and organic conditions subscales with a higher scores but not statistically significant on the psychotic subscale.

The second (Mackenzie, 2010) used a retrospective archival study of 295 psycho-legal reports from 2005-2009 with a focus on reported symptoms of trauma. Symptoms of PTSD and depression were the most common psychopathology reported with behaviour problems such as aggression, oppositional and sexualised behaviour less frequently reported than in the literature. Symptoms of increased arousal were more prevalent than symptoms of re-experiencing and avoidance in the PTSD criteria cluster. The difficulty with eliciting information from people with severe intellectual disability was highlighted with differing number of symptoms reported between different intellectual disability levels. There was also mention made of "loss of skills" amongst 13 of the participants in relation to adaptive functioning but this was less than reported in the literature. It must be noted that the focus of the psycho-legal report is not on trauma; this is often submitted, if requested, in a separate report with regard to the severity of sentencing. It is usually only documented in the initial report if psychological or psychiatric symptoms will compromise the ability to give evidence and testify or to consent.

3.7. Concluding comments

The focus of this research is the usefulness and validity of the psychometric tools used in the assessment process, and in particular the assessment of adaptive functioning using the Vineland Adaptive Behavior Scales in order to work toward ethical and sound

practice for the clients served. There are many other areas needing further research and investigation in relation to this process, some of which will have been highlighted through the process of the literature review. The two chapters have examined the concepts, measurement process and the contextual issues within which the research process is embedded. It has given a conceptual and environmental context to the assessment of Themba, Sarai and Madelaine The next chapter will examine the methodology used during the research.

Chapter Four: Methodology

4.1. Introduction

Having introduced the motivation and reason for the research and discussed the psychological concepts and related current thinking and given a broader contextual overview in the previous chapters, this chapter describes the methodology of the research process.

- In section 4.2. I review of the context for the research process.
- The aims of the research and the research questions are described in detail in section 4.3.
- I describe the methodology of the literature review in section 4.4.
- I present the research design and the measurement instruments used in section 4.5. together with details of the qualifications of the professionals involved in the measurement and data capture process, and I explain my decision to use the psychologists' reported assessments as a 'gold standard' measure in the research. Issues relating to the translation processes are addressed.
- Section 4.6 describes the research sample, inclusive of clients seen between 2005 and 2013, as well as those excluded from this group and the exclusion criteria used.
- In Section 4.7. I describe the assessment procedures used, including the assessment process, description of the systemisation of information in the form of a detailed interview schedule, and the further development of the existing database.
- Section 4.8 includes data collection and data entry, and data checking is detailed.
- I describe the methodology of the descriptive and statistical analysis in section 4.9.

- I conclude the chapter with ethical considerations and permissions given in section 4.10.

4.2. Context of the research

The research context is within a non-governmental mental health organisation, Cape Mental Health (CMH), based in Cape Town, South Africa. The organisation provides services to people with mental illness and intellectual disability. A detailed description of the organisation and the Sexual Abuse Victim Empowerment (SAVE) programme has been given in the previous chapter and of the broader contextual issues related to sexual abuse of people with intellectual disability in the South African context. (Refer to sections 3.5.3. and 3.6.1.)

Initial work, in this specialised area of psycho-legal assessment, was begun in 1990 in response to social workers within Cape Mental Health (CMH) reporting incidents of sexual assault and rape involving their clients with intellectual disability. Although in some cases these had been reported to the police, they did not proceed to court. On investigation it was evident that the courts were ill equipped to manage cases where the complainant was intellectually disabled and thus the cases were not necessarily brought to court. The courts often assumed that the person with intellectual disability could not be a reliable witness and access to justice was denied to this vulnerable group. Dr. Beverley Dickman was the clinical psychologist employed by the organisation at the time. In collaboration with Amanda Roux, the social work manager at CMH, and with the prosecutors at Wynberg Sexual Offences Court, one of the regional courts in the Cape Town metropole, they developed an assessment process, a protocol for a psychological report and expert witness services to the courts in the Cape Town Metropole. This was refined over time as the project grew and developed with experience of the psychologists who joined the team. Their initial work was published in the

British Journal of Learning Disabilities (Dickman & Roux, 2005) and is detailed in the literature review.

4.3. Aim of the research and research questions

The motivation for the research study developed from the clinical observations of the psychologists involved in this psycho-legal assessment process of intellectually disabled people.

The VABS and latterly the VABS II were used as part of an assessment process to evaluate the range of intellectual disability of these clients. An accurate assessment is necessary within the South African legal system, amongst other reasons, as the greater the disability, the more severe the sentence. Further, psychologists working at CMH reported that the qualitative information gained through the administration of the scales provides useful description of the adaptive functioning of the person assessed. They find this information helpful in preparing the court for the person coming into the witness box, thus facilitating access to justice for the person with intellectual disability.

Through clinical use, the psychologists (of whom I am one) gained the impression that, in some areas of the scales, our client population tended to underscore. We identified a need to explore the use of the tool, as part of our overall concerns about possible problems with validity within this particular context of use. The results would be used in this programme but also contribute to appropriate use of the VABS in the South African context and identify further areas of needed research. The motivation was to be able to use the tool appropriately, bearing in mind the needs and situation of this client group.

The study is exploratory in nature and, although there is a need for South African norms for psychological assessment tools, this is not a norming study or a validity study due to the very particular nature of the client group and also due to the lack of other well-validated instruments assessing adaptive behaviour.

The overall aim of the research was, in this context, to critically evaluate the Vineland Adaptive Behavior Scales – both the VABS (1984) and VABS II (2005) and the newly published VABS 3 (2016) for a group of persons living with intellectual disability in the Western Cape using the following research questions as a framework of inquiry. When the research was first conceptualised the VABS 3 had not yet been published. With the publication in 2016, it has been included in the research enquiry and the research questions were adjusted to use the information from the manual and test items. The research aims and resultant questions are tabulated in Table 4.1. below.

Table 4.1.

Research Aims and Questions

Research Aim	**Research question**
1. To evaluate the published norms of the VABS and VABS II in terms of their use in this particular South African context and their usefulness in discriminating different level of intellectual disability, using the Intelligence Quotient (IQ) derived from the Individual Scale of General Scholastic Aptitude (ISGSA), the documented diagnosis of the evaluating clinical psychologist and the standard score of composite adaptive functioning of the VABS and VABS II.	1. Do the published US norms of the VABS and VABS II discriminate accurately between different levels of intellectual disability within this particular South African context? 1.1. What association is there between the measured Intelligence Quotient (IQ) score using the Individual Scale of General Scholastic Aptitude (ISGSA) and the standard score measurements of adaptive functioning of the VABS and VABS II? 1.2. How does the reported diagnosis and assessment of the evaluating clinical psychologist compare with the level of standard score measured by the VABS and VABS II?

Research Aim	**Research question**
2. To explore the relationship between language, gender, age, socioeconomic status, geographic distribution, access to education and trauma with the standard score of composite adaptive functioning of the VABS and VABS II.	2. Is there a significant association between variables of language, gender, age, socioeconomic status, geographic distribution, access to education and trauma with measurements obtained in the VABS and VABS II?
3. To critically evaluate the floor effect evidenced in the norms tables for adults and examine the sensitivity and specificity of the VABS II for a sample of intellectually disabled adults and compare with the norm tables for adults of the newly published VABS 3.	3.1. Is the VABS II able to discriminate between levels of intellectual disability for the adults of the sample? 3.2. Do the norm tables for adults, in the newly published VABS 3, give evidence of addressing the floor effect?
4. To determine what information is used in the psycho-legal report, which was captured through the use of the VABS II.	4. What qualitative information is used and reported in the psycho-legal report from the items in the VABS II?
5. To examine and compare the VABS II (2005) with the new edition VABS 3, published in 2016, using the change in item additions and modifications through the two editions.	5. How does the VABS II compare with the VABS 3, using changes in sequence, deleted items, added items and modified items between the two versions?
6. To examine and identify those items in the VABS II which may need contextual and or linguistic adaptation for this group of clients and to assess to what extent these have been addressed or adapted in the latest edition, the VABS 3.	6. Which items in the VABS II need contextual or linguistic adaptation for this group of clients and to what extent has this issue been addressed in the VABS 3?

4.4. Methodology of the literature review

The literature review was an ongoing process throughout the time of the research. It began with submission of the research proposal and has continued. Key words have included adaptive behaviour, adaptive functioning, Vineland Adaptive Behavior Scales (with the three versions used in the research), intellectual disability, mental retardation, intellectual developmental disorder, assessment, sexual trauma, sexual abuse, South Africa, Africa, ability to give evidence and ability to testify. These were used individually or in combination to refine the search. Certain information was searched for particularly, i.e., South African statistics regarding disability.

The following databases were used: Google Scholar, Pub Med, Psych Info via EBSCO, Africa Wide, Scopus, and Web of Science. Publications which were not readily available on line were accessed with the assistance of the university librarians. Recommendations for areas of reading were made during supervision.

Extra literature was accessed through recommendations from others involved in the field and university research databases for unpublished theses. Literature which other authors have cited was a useful source of information. Authors and researchers writing in the field were also followed for recent publications. Searches were repeated in the last months before completion and hand-in.

4.5. Research design

A mixed method approach was used as the data included both quantitative and qualitative information. The study was retrospective in part, as the initial data on the VABS and the clients from this period had already been documented before the research was formally approved. Data were collected from the client folder, the protocols of the two measuring instruments used and the psycho-legal report. The further development of an existing interview schedule was part of the research process, as was the further development

of a database for purposes of the study. Thus for the latter period of data collection, with use of the VABS II, the additional documented information on the extended interview schedule was also included as a source of data. The primary source of information, therefore, was through record review.

Group discussions involving the five psychologists were part of the development of the interview schedule and in the later discussion regarding items that appeared useful or difficult. This is discussed more fully later in the chapter in section 4.8.1. and 4.8.7. The items of the survey interview form of the VABS II were compared with the items of the comprehensive interview form of the VABS 3 through clinical item analysis. Changes were documented and categorised. Results were documented in excel spreadsheets for further analysis. Further detail is provided in the results chapter.

4.5.1. Measurement instruments.

4.5.1.1. Vineland Adaptive Behavior Scales (1984).

The Vineland Adaptive Behavior Scales (VABS) is an assessment tool used in the initial period of the data collection. It is administered through a semi-structured interview with a parent or caregiver, in order to determine the level of adaptive functioning of an individual. Adaptive behaviour is defined within the test manual as "the performance of the daily activities required for personal and social sufficiency" (Sparrow et al., 1984, p. 6).

The norms are based on a nationally representative sample of 3 000 persons, drawn from all over the USA, with about 100 disabled and non-disabled individuals in each of 30 age ranges from birth to 18 years 11 months. Supplementary norms included a sample of intellectually disabled adults over 18 years; 1 050 participants lived in residential facilities and 100 participants lived in non-residential facilities. Supplementary norms were also developed for what the authors termed emotionally disturbed, visually and hearing impaired children. Three types of reliability estimates were used. Using split-half reliability

coefficients, internal consistency reliability was measured. The median of 15 age groups for Communication was .89, for Daily living Skills was .90, Socialisation was .86 and the Adaptive behaviour composite .86. This was repeated for the supplementary norm groups and the results were all in the .90's. Test-retest reliability coefficients for the domains and the composite score were all in the .80's and .90's. Inter-rater reliability coefficients were lower with .62 for Socialisation, .72 for Daily living skills, .75 for Communication, and .74 for the composite score. Construct validity included developmental progression of scores, factor analysis of the domains and subdomains and profiling of scores for the seven supplementary norm groups. Content validity included the development process with careful review of other adaptive behaviour scales and literature regarding childhood development. From an initial pool of 3 000 items in developmental clusters, field testing, national try-out and standardisation determined the items included in the tool.

Criterion-related validity was measured against the Vineland Social Maturity Scale (Doll, 1935, 1965). A modest correlation of .55 was understood to be due to the extensive revision of the test. The correlation with the Adaptive Behavior Inventory for Children (ABIC) (Mercer & Lewis, 1978 cited in Sparrow et al., 1984) was .58 with composite score of the VABS and the average scale score of the ABIC. The correlation with the American Association for Mental Disability Adaptive Behavior Scale (Nihira et al. 1974 cited in Sparrow et al., 1984) ranged between .40 to .70. Correlation with intelligence tests is detailed in the discussion chapter (section 7.2.). Detail is given in the VABS manual (Sparrow, Balla, & Cicchetti, 1984, p. 19-54). This first edition (VABS, 1984) is still used in the South African context (personal communication with clinical users).

4.5.1.2. Vineland Adaptive Behavior Scales - Second Edition (2005).

In the second edition (VABS II), norm samples included 20 age groups from birth to 90 years. Stratified random sampling from a pool of 25 000 selected 3 695 cases, which

matched the demographic variables within each age group. The sample was balanced by gender, representative by race, community size, geographic region and socioeconomic status (derived from the mother's educational level) from the 2001 population statistics in the USA (Sparrow et al., 2005, p. 97). Eleven clinical groups were defined and data collected to validate the test in identifying adaptive behaviour deficits in: "attention-deficit/hyperactivity disorder, autism–nonverbal, autism–verbal, emotional or behavioural disturbance, deafness/hard of hearing, specific learning disability, mental retardation–mild (child and adult samples), mental retardation–moderate (child and adult samples) mental retardation–severe/profound (adult sample)" (Sparrow et al., 2005, p. 138). Test score reliability, that scores can be depended on and reproduced, were examined by means of internal-consistency reliability which was in the good to excellent range (upper .80 to low .90's). Lower reliability for adults was as a result of the ceiling in the subdomains as most people in the norm sample obtain the maximum subdomain raw score with average values in the .70's. Test-retest reliability ranged from .76 to above .90 in the good to excellent range of clinical significance. Inter-interviewer reliability range was lower at the low to mid .70's and inter-rater reliability ranged in the low .80's.

Validity of the tool was assessed by examination of test content, with linkage to theoretical constructs, examination of the progression of raw scores for 20 age groups from birth to 90 years for each subdomain and using item response theory to confirm that an item belonged in their allocated subdomain and domain and agreed with the developmental sequence with is expected theoretically. The examination of response process included measurement of bias at item and scale levels using differences of ethnicity, socioeconomic status and gender. Correlation between subdomains, domains and composite scores were used to assess test structure and confirmatory factor analysis was used to indicate the fit between the theoretical model and the actual data. Specific clinical groups were used to demonstrate

the relationship between test scores and group membership or performance and the relationship between the VABS II scores and those of other measures. This is elaborated more fully in the literature review chapter (section 2.5.1.3.) and the discussion chapter (section 7.2.). Detail is given in the VABS II manual (Sparrow et al., 2005, p. 109-165).

The scale covers three domains which are further subdivided into three subdomains. The total number of items is 307. The number of items in each subdomain is given in brackets:

1. COMMUNICATION: This includes receptive (20), expressive (54) and written subdomains. (25)
2. DAILY LIVING SKILLS: This includes personal (41), domestic (24) and community (44) subdomains.
3. SOCIALISATION: This includes interpersonal relationships (38), play and leisure time (31) and coping skills (30) subdomains.

Two further optional domains include motor skills, for children up to seven years of age, and a maladaptive behaviour index. These are not included in this research study. There are five possible scoring options in response to the questions: No (0); Sometimes (1); Usually (2); Don't know, if the respondent has no knowledge of the performance of the given behaviour (DK); or No Opportunity (N/O). Each sub domain is scored with four consecutive items at a 2 level for the basal and four consecutive items at a 0 level for the ceiling.

Scores are summed and using age normed tables, adaptive functioning standard scores are given in each domain and an overall adaptive behaviour composite standard score is calculated. It takes approximately 60-90 minutes to administer. This research was based on the survey form. A copy of the form is included in Appendix C for reference (Sparrow et al., 2005).

4.5.1.3. Vineland Adaptive Behavior Scales - Third Edition (2016).

The definition of adaptive behaviour in this edition remains as referenced to Sparrow et al. in 1984. There are four principles which the authors of the VABS 3 refer to as inherent to the concept of adaptive behaviour.

1. It is age related.
2. Social context is necessary for evaluation and competence is in reference to the expectations and standards of others.
3. It is modifiable with intervention, change in environment, trauma.
4. It is defined by typical performance not ability.

The norm sample included 2 560 people ranging from birth to 80+ and was matched against the United States community census data of 2014 for sex, education level, race and geographic region. Further, the statistics on special education services were used as a source of prevalence of various disabilities such as intellectual disability, developmental delay, autism, emotional disturbance, specific learning disability and speech and language impairment informing inclusion in clinical groups which were evaluated with the interview form. Table 4.2. documents the sample size and age groupings of the different clinical groups.

Table 4.2.

Sample Size and Age Groupings of Clinical Sample of VABS 3

Special study groups	**Sample size**	**Age range**
Developmental delay	64	2-9 years
Intellectual Disability: Age 3-18, IQ 50-70 (Mild disability)	53	4-18 years
Intellectual Disability: Age 3-18 , IQ 35-49 (Moderate disability)	38	3-18 years
Intellectual Disability: Age 3-18 , IQ < 35 (Severe disability)	19	6-17 years
Intellectual Disability: Age 19+ , IQ 50-70 (Mild disability)	29	19-70 years
Intellectual Disability: Age 19+ , IQ 35-49 (Moderate disability)	23	19-67 years
Intellectual Disability: Age 19+ , IQ < 35 (Severe disability)	25	19-78 years
Autism: Age 3-8 years, IQ ≤ 70	40	3-8 years
Autism: Age 3-8 years, IQ > 70	36	3-8 years
Autism: Age 9-20 years, IQ ≤ 70	52	9-19 years
Autism: Age 9-20 years, IQ > 70	46	9-18 years
Hearing impaired	78	5-18 years
Visually impaired	32	7-18 years

(Sparrow et al., 2016, p. 156)

The structure of the third edition, comprehensive interview form, retains the three domain and nine subdomain format. The three scoring options remain of No (0), Sometimes (1) or Usually (3) remain. The “Don’t know” and “No opportunity” options have been replaced by an estimated check box (i.e., best guess). The percentage of estimated items for each subdomain is calculated. According to the manual guidelines, if the estimated

percentage is less than 15% the validity of the subdomain is probably not compromised, if between 15% and 25%, interpret the scores with caution and if over 25%, the summative score is invalid. If two or more sections have over 25% estimated scores, then the informant is considered unreliable. Basal and ceiling rules remain unchanged. The number of items has increased so timing of administration is not known. The manual suggests between 20-40 minutes (Sparrow et al., 2016). This tool has not been used within the research context but is included for means of comparison and to evaluate to what extent concerns about the VABS II have been addressed in this new edition. (A copy of the form is included in Appendix D for reference.)

Test score reliability, that scores can be depended on and reproduced, were examined by means of internal-consistency reliability which was in the excellent range (upper to low .90's). In terms of standard errors of measurement, coefficients were generally high except for the earliest age groups (under a year). Test-retest reliability ranged from .77 to above .90 in the good to excellent range of clinical significance. Inter-interviewer reliability were in the good to excellent range. Inter-rater reliability is not reported in the manual for the Interview form.

Validity of the VABS 3 is based on test content and structure, performance of special study groups and relations to other measures. A wide variety of users and experts, involved in teaching, research and practice are reported to have been involved in the revision of item content to ensure relevance and current understanding of adaptive functioning. An analysis of developmental trend over age range using mean subdomain raw scores of the normative sample. For all subdomains the means scores rise rapidly in the early years and then rise more slowly to plateau which declines again at age 70 and older. The special study groups included developmental delay, intellectual disability, autism spectrum disorder, hearing impairment and visual impairment (refer to Table 4.2.). The interview form was also correlated with its

counterpart in the VABS II version. The sample only included ages 0-20 years. Correlations ranged from moderate to high (.60-.87) with the exception of the communication domain in the 12-20 years age group which had a correlation of .40. The manual did not address this difference. The trend was higher overall same scale score on the VABS II than the VABS 3. They indicate that further research is needed to examine if adaptive functioning has indeed improved since the early 2000's when the VABS II was normed (Sparrow et al., 2016).

4.5.1.4. Individual Scale for General Scholastic Aptitude - 1996 (ISGSA).

The ISGSA is a scholastic aptitude test developed in South Africa. It is an adaptation of the Individual Scale of the National Bureau for Educational and Social Research (also known as the Old South African Individual Scale). It is based on Binet's model of intelligence, understood as being the sum total of the thought processes used in mental adaptation, with different facets closely interwoven (Terman 1919, cited in Robinson, 1994). Thus the test structure has a wide variety of 80 heterogeneous items divided into twenty blocks of four items each. A basal is established when all items in two consecutive blocks are passed. The ceiling is reached when all items in two consecutive blocks are failed. All items between the two are administered. Some items are administered in series. Items can be classified and described according to type. Many of the items are composite consisting of a number of sub items. Items below the basal are credited. Series items are scored as correct or wrong, even if beyond the basal or ceiling. The raw score is converted to a normalised standard score with a mean of 100 and a standard deviation of 15. A test age can also be determined for the raw score (refer to the literature review for discussion of this concept, section 2.3.5.3.). The test has been developed in two of the three predominant languages used in the Western Cape, English and Afrikaans.

Given that the test development was begun in 1990 before South Africa became a democracy, samples were drawn from 100 primary schools and 50 high schools from three

provinces of South Africa in the education department of the House of Assembly (for White students). A further sample pupils from 100 primary schools and 50 high schools was drawn from four provinces of South Africa in the education department of the House of Representatives (for Coloured students). They used a systematic sampling method per age group and included pupils in special or adjustment classes and auxiliary or remedial classes. The manual states that "three hundred pupils of each year group had to be tested, 200 at each school for sample 1, but only 100 at each school of sample 2 since the education department whose schools were drawn for sample 2 did not have enough school psychologists" (Robinson, 1994, p. 25). A socioeconomic deprivation questionnaire was used to identify pupils from disadvantaged circumstances. Norms were developed for the disadvantaged group (referred to as proportional norms - 95% of the research sample) and the non-environmentally disadvantaged group (5% of the research sample). Only 6.6% of the English speakers were environmentally deprived. A summary of the norming sample is provided in Table 4.3. Ratios were not proportionate to population ratios and weighting during data processing had to be done.

Table 4.3.

Sample for Norming of the ISGSA

Age 5-16 years	**Gender**	**Language**	**Geographic**
Proportional sample (n=3099)	Boys n=1543 Girls n=1556	English n=877 Afrikaans n=2222	Urban n=1862 Rural n=1237
Non-environmentally disadvantaged group (n=2292)	Boys n=1139 Girls n=1153	English n=819 Afrikaans n=1473	Urban n=1515 Rural n=777

(Robinson, 1994, p. 37-38)

Reliability of the instrument was measured in terms of internal consistency, with reliability coefficients ranging between .81 and .91 for the proportional group and .77 and .88

for the non-environmentally disadvantaged group. Test-retest reliability was measured using to groups of 7, 9 and 11 year olds, with an average coefficient range of .84. Validity was examined by use of evaluating content validity, by a committee of researchers and practising psychologists. The items were accepted as relevant but the lack of performance items in the scale led the group to the term general scholastic aptitude rather than general intelligence. Construct validity was evaluated by means of factor analysis and the ranking order of the items. The correlation between age in months and the total score was .83. The items were logically grouped into seven groups and seven composite variables were evaluated against the total score. Coefficients ranged from .62 to .89 with relatively high percentages of variance of 55% to 64% explained. Correlations with other intelligence tests included other South African normed and developed tests, the Junior South African Individual Scale (JSAIS) with correlations of .52 to .68 and the Senior South African Individual Scale – Revised, with correlations of .62 to .75. In terms of criterion-related validity, teacher ratings, the use of one minute reading and arithmetic tests, scores of pupils with a history of learning disability and those learners in adaptation classes, school marks and scholastic achievement tests were used to examine concurrent validity.

The authors emphasise that the measure should be used as part of an assessment process and that scores should not be interpreted in isolation and the test only gives a global index. For a more comprehensive and detailed assessment of cognitive profile, a cognitive scale which provides a differential profile should be used (Robinson, 1994).

A significant limitation is that the test was not developed in isiXhosa or normed on isiXhosa speakers, the third predominant language spoken in the Western Cape. There is an isiXhosa intelligence scale, the Individual Scale for Xhosa-Speaking Learners, which was developed by Landman (1989), but has been found to be out-dated, clinically unhelpful and inaccurate (personal communication with clinical users). In this study, the ISGSA was

administered to isiXhosa speakers either by the psychologist, herself, translating or with the assistance of a translator. The results are used with caution as language, exposure to education and the quality of the education are all unmeasured variables.

4.5.2. Skill and experience of the clinical psychologists.

During the period under review in this research (2005-2013), five clinical psychologists were employed by the organisation on Wednesday each week to provide services to SAVE. I was one of these five. All the psychologists involved were registered clinical psychologists, had extensive experience in assessing and working with people with intellectual disability, and had all worked for the project for a number of years. All had extensive experience of the role of expert witness in this field and had a working knowledge of court requirements and the needs of the traumatised clients. Table 4.4 summarises their experience.

Table 4.4.

Experience and Language Skills of Psychologists Involved in the SAVE Programme

Psychologist	**Years of registration as a clinical psychologist**	**Years of experience in Psycho-legal assessment in SAVE programme**	**Languages spoken**
Psychologist 1	8	8	English and Afrikaans
Psychologist 2	20	15	English and Afrikaans
Psychologist 3	7	6	English and Afrikaans
Psychologist 4	18	13	English and IsiXhosa
Psychologist 5	27	17	English and Afrikaans

4.5.3. Gold standard.

An important component of the methodology is the use of the psychologists' reported concluding assessment of adaptive functioning in the psycho-legal report as a form of gold

standard against which other measures are evaluated. Harrison and Boney (2002), in their chapter regarding best practices in the assessment of adaptive behaviour, make the following points:

- Norm referenced adaptive behaviour scales are useful but have limitations (refer to literature review, section 2.3.5.2.).
- Given these limitations, they should form a part of a whole assessment inclusive of informal interviews, observations, other socio metric techniques, collateral from different settings, family, school, work and community environments.
- They suggest that this data should be integrated with a balanced consideration of intellectual assessment results and that everyday competence and conceptual intelligence should be included in diagnostic and intervention planning.

They argue strongly against relying on a single source of information in the form of norm-referenced rating scales. In the psycho-legal assessment of these clients, in their concluding assessment of adaptive behaviour, the psychologists have used a norm referenced rating scale in the form of the VABS or VABS II, but have also taken a thorough history, evaluated the client's ability to give evidence, their ability to consent to sexual intercourse, heard the client give a narrative account of their experience and spent 4-6 hours in consultation with the client and their caregiver. All of this informs their assessment. The details of each of these contributions to the concluding assessment will be discussed further in this chapter in section 4.7.

4.5.4. Language of assessments.

Whenever possible, a psychologist who could speak the home language of the client conducted the assessment. In 86% of the cases, this was achieved, and in the remaining 14% an interpreter was used. This only applied to the group of isiXhosa speakers. The interpreters

were either isiXhosa speaking social workers or one of the administrative staff who had had training as an interpreter.

The International Test Commission (2016), with reference to the use of tests in a cross cultural context, provide the following guidelines with regard to scale scores and interpretation: "Consider a number of possible interpretations of results…rule out differential motivation…context effects…may simply be part of a less effective education system" (p. 27). Given the complexities and varying levels of quality of education in post-apartheid South Africa, the lack of reliable, appropriately normed tools, the translation of responses further added to the challenge of the assessment of intellectual disability in this context. These were some of the clinical realities, which reflect contemporary realities of clinical psychology practice in South Africa.

4.6. The sample

4.6.1. Description of the participants.

The population included complainants referred to CMHS between the beginning of 2005 until the end of 2013 for assessment by the SAVE programme. Charges had been laid on behalf of these complainants with regard to sexual abuse, and an alleged perpetrator had been identified. There were 790 cases seen during this period.

4.6.2. Exclusion criteria.

Initial exclusion criteria were related to incomplete records or inability to complete the assessment. The database had an exclusion tab so that excluded clients would not appear on the Excel spreadsheet which extracted the relevant data. These criteria included:

- The interview of the VABS was by self-report rather than with a caregiver/family member.
- Copies of the court report, the ISGSA or VABS original test sheet were missing from the file.

- Profound intellectual disability prevented completion of the ISGSA.
- Assessment was incomplete due to withdrawal of the case or refusal by the client to participate in the ISGSA.

Further, an Excel spreadsheet list was drawn up of all cases seen in each year 2005-2013 from the physical file and referral records. This detail included name, gender, age, date of birth, language, name of the assessing psychologist, date of assessment, number of incidents/cases, whether the VABS or VABS II was used in the assessment and relevant notes. Notes were made from the file records of possible exclusion criteria. A list of exclusion criteria was compiled and taken to supervision for discussion and agreement. Table 4.5. lists the 19 exclusion criteria and the numbers of cases in each year which were excluded and the overall percentage of cases excluded in each year. A detailed discussion of the reasons for the exclusion criteria is detailed in Appendix E.

Table 4.5.

Reasons for Exclusion

	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
1. No VABS protocol on record	1	2	1							4
2. No physical file for the client could be found in the records	1			1			1		1	4
3. No psychological report in the file or electronic copy available	1	2								3
4. The legal case was withdrawn, alleged	1				1	1				3

	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
perpetrator not identified										
5. The client or family did not want to take the matter further	1	2	2	7	3	1		1	2	19
6. The legal case was finalised before completion of the assessment			1							1
7. Self-report, unaccompanied or unreliable informant for VABS assessment	4	1	2	4	3	5	1	1	3	24
8. Head injury accounted for diminished intellectual and adaptive ability	1		3	1	2		1			8
9. Other neurological condition accounted for decreased cognitive functioning			1				1			2
10. Epileptic episode at time of assessment						1				1
11. Active comorbid psychiatric diagnosis at time of assessment	2	2	2	2	4	2	4	0	0	18
12. Primary physical disability is not ID	1									1

	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
13. Date of birth unknown				1		1			1	3
14. Profoundly/ verbally disabled, unable to participate in assessment	2	1	2	2	1	1	1	2	1	13
15. Low average/average cognitive functioning	2	3	2	2				2		11
16. Client assessed by other health services						1	1	1		3
17. Data previously entered for another case		4				2	1	4	5	16
18. Co-existing physical disability necessitated the use of alternative tools	1						2			3
19. Grover, Griffiths, SAWAIS, SSAIS-R, WISC used for IQ assessment	1	1			2	1	1	3	2	5
TOTAL excluded	19	18	16	20	16	16	14	14	15	148
% of cases assessed and excluded	31.2%	22.5%	22.5%	26%	18.6%	17.3%	14.7%	12.4%	14.6%	18.7%
Total included	42	62	55	57	70	88	81	99	88	642
Total cases assessed	61	80	71	77	86	104	95	113	103	790

The total number of cases assessed during 2005-2010 using the Vineland Adaptive Behavior Scales (1985) was 419. There were 98 cases excluded from the sample used in the analysis (23.4%). The total number of cases assessed during 2009-2013 using the Vineland Adaptive Behavior Scales II (2005) was 371. There were 50 cases excluded from the sample used in the analysis (13.5%). The total number of cases assessed during the period 2005-2013 was 790 and 148 were excluded (18.7%).

The database had an exclusion tab which was used at the time of data entry when a case was due to be excluded and, although the case remained in the database, it was excluded from the data to be analysed. As a cross check, each year's list was examined for exclusions. Those cases which were questionable or not enough information was known were tagged and highlighted in green. Reference was made back to case files to clarify and decisions made as to whether these cases met the exclusion criteria and should be included or excluded.

The excluded cases were highlighted in red within the data lists and reasons documented and numbered and grouped with relevant exclusion criteria. These cases were cross checked as having been deleted in the data sheets for VABS and VABS II and the detailed data sheets of VABS II in preparation for analysis.

Duplicate entries were also identified and deleted. This occurred in cases where there had been more than one incidence of abuse between 2005 and 2013 so that the same assessment datum was not used more than once. There were several cases where the VABS had been used in an earlier year and the VABS II used in a later assessment. These were highlighted in blue for easy identification and comparison. These were included in the sample.

Following exclusion, the sample size was 642. Of these, 321 had been assessed using the VABS and 321 with the VABS II. Female complainants made up 87% of the sample with 13% male complainants. Ages varied between four years and 64 years with a mean age of 22

years. The clients referred are generally from socioeconomically disadvantaged circumstances. The assessing clinical psychologist evaluated this on the basis of a description of housing and living conditions, access to specialised services, level of income, level of maternal/caregiver education, and dependency on welfare grants. This is not a representative sample of people with intellectual disability in South Africa, but is particular to this psycho-legal assessment context which offers services to indigent people. Detailed description of sample characteristics are given in the following chapter. (section 5.2.)

4.7. Procedures used by the CMH SAVE programme to assess the clients

4.7.1. Assessment process.

This is reported in some detail as it serves to explicate and argue for the importance of using a variety of sources of information to inform the overall assessment of disability by the psychologist and inform the conclusions drawn. This is used as a baseline or gold standard in the research analysis.

4.7.1.1. Initial referral process.

Prosecutor and police training over a number of years and on a sustained basis, has enabled police officers and prosecutors to identify complainants with intellectual disability, where the charge was sexual assault, rape or rape with assault and to refer them to the SAVE programme.

Generally, the investigating officer or the prosecutor would make telephonic contact with the programme manager of SAVE. Telephonic screening would determine if this was an appropriate referral or if other services were needed. Client contact details were recorded on a standardised form including details such as name, age, date of birth of the complainant, caregiver contact details and the relationship with the complainant, physical residential address, the police case number, the nature of the charge and the name of the alleged perpetrator. Psychological assessment appointments were allocated and the police and

caregiver notified of the date, time and physical locality of the CMH offices. Initial datum was entered into the database.

4.7.1.2. Social work intervention.

All cases were registered as active cases in the broader organisation of CMH. The family and client were seen for an intake interview to gather information and offer necessary social work services. This process also functioned as a further screening process so that trauma debriefing, the identification of posttraumatic stress disorder or other comorbid psychiatric disorders as well as ensuring the present safety of the client could be evaluated. Appropriate counselling or referral could be offered. The need and application for social service grants such as the disability grant or special care grant could also be set in motion. The case was then assigned to a social worker case manager. Their role was to facilitate the on-going care of the client and their family, and to provide counselling and support up until the time of the assessment and during the court process. They were trained in court preparation and support for the client during the court process. Any concerns raised during the psychological assessment process were also reported to the case manager.

Allocation to social workers was done on a geographic basis within the greater Cape Town Metropole. With the growth of the programme and with exposure to training, referrals began coming in from the wider region of the Western Cape Province. Contact had to be made with social services operating in these districts and towns to provide this support. Clients from areas beyond the Cape Town metropole were still evaluated by the intake social worker but the case management had to be devolved to understaffed and often overloaded social service agencies in the particular area. This is an on-going area of development for the programme.

4.7.1.3. Psychological assessment.

This took place over two sessions, each 2-4 hours in length, depending on the needs of the clients. These were whenever possible and usually within a week of each other to provide continuity in the assessment process. For those clients who were from outside of the Cape Town Metropole, arrangements were made for them to stay overnight at a local bed and breakfast facility, if needed. The full assessment was completed within the day and the clients and caregiver were provided with lunch. Donors provided a care pack which the clients took home. The police were often involved in providing transport and facilitating the process.

4.7.1.4. Process of the assessment.

If possible, the case manager or intake social worker would introduce the client and the accompanying person to the psychologist. Otherwise the psychologist would meet the client and their family member in the waiting area and introduce herself. The interview would take place in a private interview room. Most often, the clients had been collected early in the day, or travelled some distance to get to the CMH offices for their 9am appointment. Offering tea or coffee and biscuits at the start promoted an atmosphere of care and normalised the interaction around a social ritual. In many instances the clients and their caregiver came from impoverished circumstances and they had not yet eaten that day.

Often the client and their family member had anxieties about the assessment process and what it would involve. It was important for the psychologist to spend some time establishing rapport with the client and explaining the process. The client often did not know why they had been brought here, and their understanding of what they were doing here was explored. A simple explanation of the assessment process was given. Consent was re-evaluated and the public nature of the report was explained, i.e., that confidentiality was limited. Permission was explicitly given to the clients and the caregivers to ask questions at any stage.

The first part of the interview was conducted with the caregiver present and the Vineland Adaptive Behavior Scales were administered with the client present. This allowed for some items to be assessed directly if the caregiver had no knowledge of the skill. Once the client had become more comfortable and the caregiver had given the necessary collateral and background history, the caregiver was asked to leave and the complainant was asked to give an account of the alleged incident. The ability to consent and their knowledge of sexual matters was explored, as was their ability to give evidence in court and be a competent witness.

The second part of the interview took place the following week or after a lunch break for the clients from outside of the city metropole. The IQ test was administered. In the second instance, possible fatigue was weighed against the advantage of having established rapport and diminished anxiety. This was generally found to be more helpful to the assessment process. This is an example of use of the clinical reasoning process in terms of timing. A retelling of their account of the alleged incident was used to evaluate consistency and their ability to give evidence. This also provided an opportunity for questions regarding missing information or clarification of information. When the caregiver re-joined the complainant, the subsequent process was explained with regards to the compilation of the report, submission to the police, the court process and initial court preparation of the complainant. The court process is lengthy with long delays and this was explained as well as what would be expected of the complainant in court. There was an opportunity for questions and fears to be expressed. Due to the low conviction rate it was also necessary to explain the meaning of a “not guilty” verdict and that it would not invalidate their experience. Their motivation to go through with the court process was also re-evaluated given this information.

4.7.1.5. The interview.

An interview guide was developed to standardise the process and provide a comprehensive assessment framework. It was devised to promote best practice and is inclusive of many more details than is the focus of this research, but provided useful information for on-going evaluation of the programme and a collection of data for possible further formal research. The interview guide provided the basis for the information included in the database. The development of this guide is discussed more fully in the section detailing of the development of the database. (section 4.8.1.) Detail of the interview guide is included in Appendix F and included the following categories:

- *Identifying information.*
- *Referral.*
- *Personal history.*
- *Family history.*

In particular, the socioeconomic status (SES) of the family was evaluated as described previously. This was then categorised as below the poverty level, low SES, middle SES or high SES. The overwhelming majority of our clients come from impoverished circumstances and fell into the category of low SES or below the poverty level.

Various social grants are available through the government Department of Social Development. Access to grants was documented. A care dependency grant or a disability grant are the two most common categories of grants available to support families with a member who is intellectually disabled. There is also a child care grant and foster care grant available through the state. Documenting this also served to flag the need for action on the part of the social worker case manager. Details are given in the literature review (section 3.3.4.).

- *Assault history.*

This was an important aspect of the assessment process, although some aspects were not reported on directly as the information was *sub judice* (under judicial consideration and public discussion is prohibited). However, it formed an important component of the evaluation regarding competency to give evidence.

- *Appearance and behaviour at assessment*
- *Adaptive functioning assessment.*

The Vineland Adaptive Behavior Scales were administered. In the period between 2005 and 2011 the VABS (1984) was used. The VABS II (2005) was introduced and phased in from 2009 until 2011 when it was used exclusively to assess adaptive functioning.

4.7.1.5.1. Use of different norming tables for adults.

If a different set of norms was used by the psychologist to calculate scores for the VABS II (i.e., the 18-21.11 norms for adults due to the floor effects in the older age categories), this was noted and the norms for the appropriate age category were entered into the database to allow for statistical analysis of the published norms. Refer to the discussion chapter for more detail on this issue (section 7.10.).

- *IQ assessment.*

The ISGSA was used as part of the assessment of all those included in this study. This is a test normed on a South African population of English and Afrikaans speakers (refer to the previous measurement instrument section for details). There are norms from four years of age to 16 years. Our clients' cognitive development generally fell within this range. For those who were higher functioning or had other physical disabilities such as sight or hearing or motor difficulties, alternative tests were used which were more appropriate. (Refer to the exclusion section of this chapter for detail (4.6.2.)and Appendix E.)

- *Understanding of sexual matters*.

The ability to consent to sexual intercourse was evaluated against the legal definitions given in the *South African Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007*. The Act defines mental disability being inclusive of any disability or disorder of the mind at the time of the alleged offence in that he or she was:

a. unable to appreciate the nature and reasonably foreseeable consequences of a sexual act;

b. able to appreciate the nature and reasonably foreseeable consequences of such an act, but unable to act in accordance with that appreciation;

c. unable to resist the commission of any such act; or

d. unable to communicate his or her unwillingness to participate in any such act. (Section 57 (2))

This is in line with Williams' (2008) understanding of the elements of consent as including:

- information;
- capacity (ability to understand the information, apply it to oneself and make decisions);
- voluntariness (freedom to decide).

The following areas were explored with the client:

- their understanding of the physical mechanics of sexual intercourse;
- their interest and knowledge of sexual matters;
- previous sexual history both consensual and non-consensual;
- their understanding of conception;
- contraception;

- sexually transmitted disease, with particular reference to HIV/AIDS in order to explore their understanding of the consequences of sexual intercourse and the need for protective action.

Through this process, their sexual vocabulary was assessed, including commonly used terms in their community, as was the sources of their sex education being through school, home, the media or through other means. The ability to refuse was evaluated and an overall assessment made and recorded using this information. Use was made of anatomically correct dolls and pictures demonstrating consensual and non-consensual touching and sexual foreplay and sexual intercourse (Johns, 2005). (Refer to Appendix G.) There is ongoing discussion in the literature regarding the relationship between level of intellectual disability, sexual rights and the ability to consent to sexual intercourse (Benedet & Grant, 2013; Dickman, 2017; Murphy & O'Callaghan, 2004). Reflection and examination of best practice of this part of the assessment is outside the scope of this research but is very pertinent to the work of the project and is a point of ongoing discussion and debate.

- *Competence as a witness.*

The clients' understanding and knowledge of court proceedings was evaluated. The ability to differentiate truth and falsehood was explored at both a concrete and abstract level. The tool used was developed by Lyon and Saywitz (2000). Their concept of perjury and their understanding of what it means to promise were important components of their readiness for the court process, their ability to be a reliable witness and exploratory in terms of, if with further court preparation, they would be a competent witness.

Their ability to give a narrative, sequential, consistent account of the alleged incident was evaluated over two tellings. The anatomically correct dolls were also available, if needed, to assist. Some clients could not verbalise their experience but could demonstrate with the dolls. Their ability to answer simple clarifying questions was also evaluated.

Their motivation to testify was explored and categorised as motivated, wanting justice but ambivalent, no understanding of the injustice, that the sexual activity was not a crime, or they were afraid of the consequences of testifying. In the great majority of cases the use of an intermediary was recommended (96%). This was often an opportunity to do initial court preparation and to give a careful explanation of court process. An overall assessment was recorded, often with the proviso of further adequate court preparation and given the understanding of the court of the limitations of the witness and giving the complainant appropriate support (refer to the results chapter for the number of clients found to be competent witnesses and the support requested (section 5.3.3-6)). The competence of people with intellectual disability to give evidence and participate in court processes is also an area of ongoing debate and discussion and is important in realising access to justice for this vulnerable group (Bala, Lee, Lindsay, & Talwar, 2010; Benedet & Grant, 2013; Meintjies, 2015; Gentle et al., 2013; Pillay, 2012; Van Niekerk, 2014).

- *Psycho-legal report and legal process.*

Findings were written up in a psycho-legal report and submitted to the investigating officer or the prosecutor depending on the pathway of the referral. The outcome of the assessment was fed back to the client, their caregiver and the referrer. If the client was found unable to give evidence, this was carefully explained. This process, together with the usually long wait for a court date, was explained to the client and their caregiver at the closure of the interview. Wherever possible, the client was referred back to the appropriate social work services, either within the organisation, or services in the geographic area for those clients residing outside of the Cape Town metropole for ongoing support and court preparation. Whenever possible, the social worker would accompany the client and their family to court on the date of court appearance. The assessing psychologist would often be called as an expert witness to present their report and findings to court and answer questions from the

legal team. This was often an opportunity to advocate for and educate regarding the needs and rights of people with intellectual disability and correct misconceptions. Wherever possible, this was prior to the client being called to give evidence in order to prepare the court for the needs of the client. The aim was to prepare the court for the client and the client for court.

Ongoing areas of difficulty in terms of the legal process are: the length of wait between reporting the alleged assault and appearance in court, the families and clients not being informed of the outcome of the trial, and ongoing education of the police and officers within the legal system regarding the particular needs of people with intellectual disability.

4.8. Data collection for this study

Retrospective information was gleaned from a basic interview schedule, the test protocols, the notes and psycho-legal report of the assessing psychologist on file for this period of 2005 to 2010 when the VABS (1985) was used. With the conceptualisation of the research and the development of a more detailed interview schedule, data were collected with the VABS II (2005) from 2010 until the end of 2013.

The hard copy of the client file and psychologist report was examined and relevant quantitative and qualitative data extracted and entered into a data set. Quantitative item scores for each subdomain were entered, together with the relevant total scores and derived scores. The concluding evaluation of the clinical psychologist in terms of level of disability, as reported on the court report, was recorded. Qualitative information regarding age, gender, race, socioeconomic status, access to education, geographic distribution, language, evidence and degree of trauma was included. The use of racial categories is controversial as to further entrenching divisions. Given the South African context and history, race continues to be linked to economic, social and resource inequity. The categories used of African, Coloured, White and Indian/Asian concur with those used in the present census data for South Africa

(Statistics South Africa, 2017). It is acknowledged that race is a social construct, but continues to play a determining role (refer to literature review, section 3.2.2).

4.8.1. Development of the interview schedule to enable the collection of data.

Although an existing interview schedule was already in regular use within the programme, this needed revision in order to systemise and classify the information collected. This process happened in parallel to the extension and development of a database. Here too, there was an existing database used by the organisation. The aim was to classify the information into categories which were realistic in terms of the amount of detail which could be given by the clients and their caregivers. An example of this was documenting the cause of intellectual disability. In many cases the caregiver or parent did not know the cause or could give only a broad reason, so the classification of cause had to be limited to birth trauma, childhood illness, FASD (which broadly included exposure to alcohol prenatally), epilepsy, trauma and an other category. The information gathered needed to be comprehensive in terms of this focused research, however the intention was to provide a basis for the collection of data for further research.

A series of collaborative meetings were held with the psychologists involved in the project and the social worker manager. Ideas for the development of the interview schedule were discussed regarding feasibility and what information was necessary for assessment purposes and also pertinent in terms of this, further or existing research, i.e., follow up in terms of the legal process and outcome and the expression of distress and trauma in people living with intellectual disability. This was a reiterative process, with the preparation of an adapted schedule, which was discussed, reformulated and revised a number of times. The schedule was informally used in the assessment process and then reviewed. The categories included in the interview schedule have been previously described.

The final interview schedule which was in use for the collection of data for the VABS II from 2010 is included in Appendix F.

4.8.2. Database development.

Information already captured by the existing database was identified. Changes were made to the initial referral form (Appendix H) as the process of information collection was examined and to prevent unnecessary duplication. These initial data were entered by the social work manager into the database. Discussions with the database developer were held in parallel to the development of the interview schedule. The database was further developed to include the more detailed information and designed for ease of entry with drop down categories. Internal checks for correlation of data were inserted to flag discrepancies, i.e., date of birth, age at assessment and date of assessment or scoring not adding up to entered totals in relation to the quantitative data. (Refer to Appendix I for screen shots of the database.) This, too, was a reiterative process with data being entered, the identification of problems and redesign until a working model was found. The database was designed in a layered manner so that the SAVE programme client information could be entered and extracted with increasing and varied comprehensiveness.

4.8.3. Data protection.

The information was password protected so that only the SAVE manager and the researcher and assistants had access to inputting data to protect both confidentiality and data being incorrectly entered or altered inadvertently. The data were backed up on the server of the organisation and independently by the researcher.

4.8.4. Data entry.

Datum entry was initially done using the referral form by the social work manager. This set up the client on the system. Once the assessment was complete and the report submitted to the police and legal system, the client file was used to enter the relevant data

into the database. Data were entered directly from the interview schedule, the tests protocols and the hard copy of the psycho-legal report. This was initially done by two undergraduate students in their capacity as research assistants. Data checking included both built-in checks and manual checks. If there was a query about a score or comment this was noted and communicated to the researcher who then checked and made the necessary corrections. At times the research assistants did not have the necessary clinical experience to be able to judge the correct response. The process required translating qualitative data into discrete categories. Missing data were also identified, checked against file records and inserted by the researcher. The information from the database was transferred onto excel spreadsheets and further checking for missing information was done using the sort and filter functions of Excel.

4.8.5. Detailed item entry for the VABS II.

A detailed item entry format was designed for those clients who had been assessed using the VABS II to include the response to each individual item. In this way, summative scores on the database could also be checked against manual scoring. Discrepancies were checked and corrected. Although some errors were identified, they were minor and although numerical scoring was corrected to reflect the recalculated score, these were checked in terms of documented range of intellectual disability and none of the scoring changes resulted in a different result once translated into ranges of disability. The corrected scores were entered into the database.

4.8.6. Classification of intellectual disability in datum entry.

Ranges of disability were in line with the ICD-10 classification system and that used by the developers of the VABS II (p. 139 of the manual). A person with intellectual disability had an adaptive composite standard score and IQ standard score below 70 (approximately two standard deviations below the mean).

- Mild intellectual disability was classified as standard scores between 50 and 70.

- Moderate intellectual disability was classified as standard scores between 35 and 49.
- Severe intellectual disability was classified as standard scores between 20 and 34.
- Profound intellectual disability is classified as standard scores below 20.

However, the developers of the VABS II combined the categories of severe and profound disability. In terms of the purposes of this project these two categories were delineated, as people with profound disability were not ever found to be able to give evidence in court, whereas a few clients with severe disability, with appropriate support, could give evidence. It could also be argued that the support and service needs of people with severe disability are qualitatively and quantitatively different from those people with profound disability. In a resource constrained society such as South Africa, placement in appropriate services is often difficult due to limited places. It is of importance to place people in appropriate services which are geared to their level of need. Many of our clients had never formally been assessed before or necessarily been able to access resources. The assessment also provided a baseline and sometimes a motivation for appropriate placement or change of placement.

4.8.7. Data collection from the clinical psychologists involved in the project.

In order to answer the latter research questions (4 and 6), data were collected from the clinical psychologists involved in the project. The aim was to identify the items within the VABS II which were useful, in terms of qualitative description of the persons everyday functioning, particularly in the context of the legal process and the information that the court needed, to inform decisions about the use of an intermediary, the ability to be a reliable witness and to prepare the court for the particular needs of the client and thus provide access to justice. Further, the purpose was to examine and identify those items in the VABS II which the psychologists found difficult to score which might need contextual or linguistic

adaptation for this group of clients. The participants were the psychologists who had participated in the assessment of the sample and who would have been called to court as expert witnesses with regard to the client assessed.

A meeting was held with five of the psychologists involved in the programme. Each psychologist was handed a blank VABS II form and a written instruction. (Refer to Appendix J.) They were asked to highlight those items which provide useful information for the written psycho-legal report or in giving evidence in court. They were then asked to highlight the items they found difficult to administer. Further to this, they were asked to identify the nature of the difficulty and label the difficult items with lettering:

L – if the difficulty was due to translation into another language or related to a language issue.

N/O – if the client had had no opportunity but the test did not give that as an option for that item

C – the item was culturally inappropriate.

O – other and to state a reason.

This was completed individually and was followed by a group discussion which was recorded. Two of the psychologists were not able to be at the joint meeting and recorded their scoring separately.

The highlighted items of the seven psychologists were entered into a spreadsheet and useful and difficult items identified and classified. These are reported in the results in section 6.5.. The group discussion was transcribed and notes taken of concurrence and disagreement and the findings are described in the results. Formal thematic or content analysis was not done. The transcription was examined for elaboration on the items already identified by the participating psychologists.

4.8.8. Added item information.

Clinical item analysis of scores of the full sample (n=321) highlighting "Don't know" or "No opportunity" responses were recorded on an Excel spreadsheet as these were hypothesised as tagging items which are difficult to score in this group of people.

In each subdomain of the VABS II and the VABS 3 items were examined, compared and labelled as repeated, modified, deleted, moved into a different developmental sequence or moved to a different domain.

4.8.9. Further specific data collection from the psycho-legal reports.

A stratified random sample of the psycho-legal reports was used to identify which items of the VABS II were used by the psychologists in their reports. Twenty percent (n=65) of the total sample of VABS II reports (n=321) were stratified in terms of the five different psychologists (n=13) doing assessments during the period of data collection. Further the sample was stratified in terms of developmental stage of client, given that the adaptive functioning of an adult is different to that of an adolescent or child. The analysis examined if different items would be more or less significant for different age groups. This included analysis of difference in terms of developmental sequence with children under 13 years (n=15), adolescents between 13 and 18 years (n=23) and adults over 18 years (n=27) (refer to Tables 4.6 and 4.7. for detail regarding the sample).

Table 4.6.

Stratified Random Sample of Psycho-Legal Reports Undergoing Clinical Item Analysis

Age groups	**Total sample VABS II**	**Stratified Random Sample**	**% of total sample**
Children <13 years	44	15	34%
Adolescents 13-18	131	22	17%
Adults >18	146	28	19%
Total	**321**	**65**	**20%**

Table 4.7.

Age Group Distribution of Sample from Psycho-Legal Reports

Clinician	Children <13	Adolescents 13-18	Adults >18
Psychologist 1	3	3	7
Psychologist 2	3	5	5
Psychologist 3	3	5	5
Psychologist 4	3	5	5
Psychologist 5	3	5	5
Total	**15**	**23**	**27**

A clinical psychologist, who now works on the SAVE project, but was not involved in the period when the data were collected, collated the data. She had the necessary psychological knowledge and experience of using the VABS II in this setting and could interpret what was written in the psycho-legal report which pertained to use of the VABS II. This was entered onto a spreadsheet of all the items of the VABS II. This was analysed and compared to the highlighted items and the discussion which followed. The results are reported in section 6.5.. Discussion of the results is in section 7.5. and 7.7..

4.9. Data analysis

4.9.1. Descriptive analysis.

Using pivot tables on the excel spread sheets, quantitative data, which described the sample, was extracted and reported upon. The entire sample 2005-2013 was initially analysed and described (inclusive of use of the VABS and VABS II) and then a more focused description of the sample where the VABS II was used followed, using the information from the developed interview schedule and entered on the database.

4.9.2. Statistical and clinical item analysis for each research question.

Data were transferred onto the IBM SPSS programme for detailed analysis. A colleague from the university psychology department assisted with the statistical analysis. Table 4.8. documents the quantitative statistical and qualitative methods used to answer to detailed research questions.

Table 4.8.

Statistical and Qualitative Methods Used in Data Analysis

Research Question:	**Method used:**
Do the published US norms of the Vineland Adaptive Behavior Scales (VABS and VABS II) discriminate accurately between different levels of intellectual disability within this particular South African context? In order to answer this: What association is there between the measured Intelligence Quotient (IQ) score using the Individual Scale of General Scholastic Aptitude (ISGSA) and the standard score measurements of adaptive functioning using the Vineland Adaptive Behavior Scales (VABS and VABS II)?	Regression analysis was run using the ISGSA score as the dependent variable and the VABS or VABS II score as the independent variable. A subgroup analysis was run on the different language groups.
Do the published US norms of the Vineland Adaptive Behavior Scales (VABS and VABS II) discriminate accurately between different levels of intellectual disability within this particular South African context? In order to answer this:	A Chi-square analysis of the psychologist's diagnosis and its association with the level of disability measured by the VABS and VABS II.

Research Question:	**Method used:**
How does the reported diagnosis and assessment of the evaluating clinical psychologist compare with the level of standard score measured by the Vineland Adaptive Behavior Scales (VABS and VABS II)?	
Is there a significant association between variables of language, gender, age, socioeconomic status, geographic distribution, access to education and trauma with measurements obtained in the Vineland Adaptive Behavior Scales? (VABS and VABS II)	A logistic regression analysis was conducted, using the VABS or VABS II score as the dependent variable. As this only allows for binary variables, the mild and borderline categories were combined as were the moderate and severe categories. Language, gender, access to education and geographic location in terms of rural or urban were used as the independent variables. Trauma and SES were not used as they were fairly consistent through the sample.
Is the VABS II able to discriminate between levels of intellectual disability for the adults in the sample? Do the norm tables for adults, in the newly published VABS 3, give evidence of addressing the floor effect?	A receiver operating characteristic curve (ROC) analysis was conducted using the moderate and severe levels of disability amongst the VABS II sample. The following analyses were run: • VABS II score onto the psychologist rating of IQ. • VABS II score onto the psychologist rating of AF. • VABS II score onto the ISGSA rating of IQ. Each analysis was run for the full sample and then divided into those below 22 years and those over 22 years in age.

Research Question:	Method used:
What useful qualitative information is used and reported in the psycho-legal report from the items in the Vineland Adaptive Behavior Scales? (VABS II)	Independent clinical item analysis by the seven psychologists who have been involved in the programme, followed by a group discussion which was transcribed and analysed for further information.
How does the VABS II compare with the VABS 3, using changes in sequence, deleted items, added items and modified items between the two versions?	Clinical item analysis, using the two comparative forms, identifying those items which remained the same, those modified, those deleted and new items added. Developmental sequence changes were also noted.
Which items in the VABS II need contextual or linguistic adaptation for this group of clients and to what extent has this been addressed in the VABS 3?	Independent clinical item analysis by the seven psychologists who have been involved in the programme, followed by a group discussion which was transcribed and analysed for further information. Using the results, the VABS 3 items were further examined to assess adaptation.

4.10. Ethical considerations.

4.10.1. Client privacy.

The results of the assessments included in the data are anonymous. No names are identified in the results or in any publication of the results. Clients are identified by client number in the analysis. Clients and their families were aware that the assessments are used to prepare the court for the client giving evidence and that, as such, are read into the court record and are in the public domain. This was further explained by the psychologist at the beginning of each assessment. It is of importance that each family and client understood that the process was not confidential in nature. Informed consent was given at the time of the

assessment knowing that information gathered in the assessment would be in the public domain.

4.10.2. Conflict of interest.

The researcher has no commercial interest in the ongoing use of the Vineland Adaptive Behavior Scales.

4.10.3. Permission to use client records.

A request for permission for use of the data from the records of Cape Mental Health, together with the aim and purpose of the research, has been given in written form. A written response was received giving full support to the research. (Appendix K) Ongoing feedback will be given to the agency and the results of the research will be made available to them in written form.

4.10.4. Permission to reproduce test protocols and email correspondence.

Permission to reproduce VABS II survey interview form and Vineland-3 comprehensive interview form, from the publisher, Pearson, along with email correspondence referred to in the discussion, given by one of the authors of the VABS 3, Dr Saulnier, is included in the appendices. (Appendix L)

4.10.5. Access and storage of information.

Data at CMH was stored and backed up on the organisation server. Access was limited to the researcher, the project manager and for limited periods to the research assistants involved in data capture. This was accessed by an identifying code and a password. Data on the computers used for the research process was user name and password protected, The statistician was given access to the appropriate spread sheets, as were the research supervisors. Clients were identified by a unique client number to ensure anonymity.

4.10.6. Ethics approval.

Ethics approval for the research study was applied for and given by the Health Sciences Faculty at Stellenbosch University. Ethics approval Number: S17/01/003 (Appendix M.)

4.11. Concluding comments

This chapter has detailed a review of the context of the research, described the aims and research questions and the methodology of the literature review. The research design and the measurement instruments have been presented. Data base development together with the systemization of information gleaned during the assessment process has been detailed. Details of the research sample and reasons for exclusion have been given. The process of data collection and capture has been described. Descriptive, statistical and clinical item analysis procedures are presented and the chapter concluded with details regarding ethical considerations. The following chapter will detail the results of the descriptive analysis.

Chapter Five: Descriptive Results

5.1. Introduction

The descriptive results form an important part of the research enquiry and process and have been included as a separate chapter as a prelude to the results pertaining to the formal research questions. It is discrepancies in the descriptive results which gave rise to the need for more detailed statistical analysis and which substantiate the formal research questions. These are addressed in the next chapter.

The results are presented, using the complete sample, inclusive of the data collected for the clients assessed using the VABS and the VABS II. Comparison of the two groups is included where pertinent. The more detailed data of the group assessed using the VABS II is then presented. Many questions arose from the descriptive results and are noted. These are not necessarily pertinent to the research questions but point to areas of needed research.

5.2. The combined results from 2005-2013 (N=642)

These include:

- Year by year breakdown of numbers of clients in the sample and the transition between use of the VABS and the VABS II.
- Gender.
- Age distribution.
- Language.
- Race.
- Urban and Rural geographic distribution.
- Formal and informal housing.
- Housing and race.
- Reported cause of ID.
- Reported causes of ID in rural and urban sample.

- The relationship of the informant to the client.
- IQ ranges.
- Reported adaptive functioning by the psychologist in the concluding section of the psycho-legal report, combined and differentiated.
- Comparison of IQ with level of adaptive functioning.
- Adaptive functioning ranges as measured by the VABS and VABS II, combined and differentiated.
- Comparison of adaptive functioning as measured by the VABS and the reported conclusion of the psychologist.
- Comparison of adaptive functioning as measured by the VABS II and the reported conclusion of the psychologist.

5.2.1. Year by year breakdown of sample numbers.

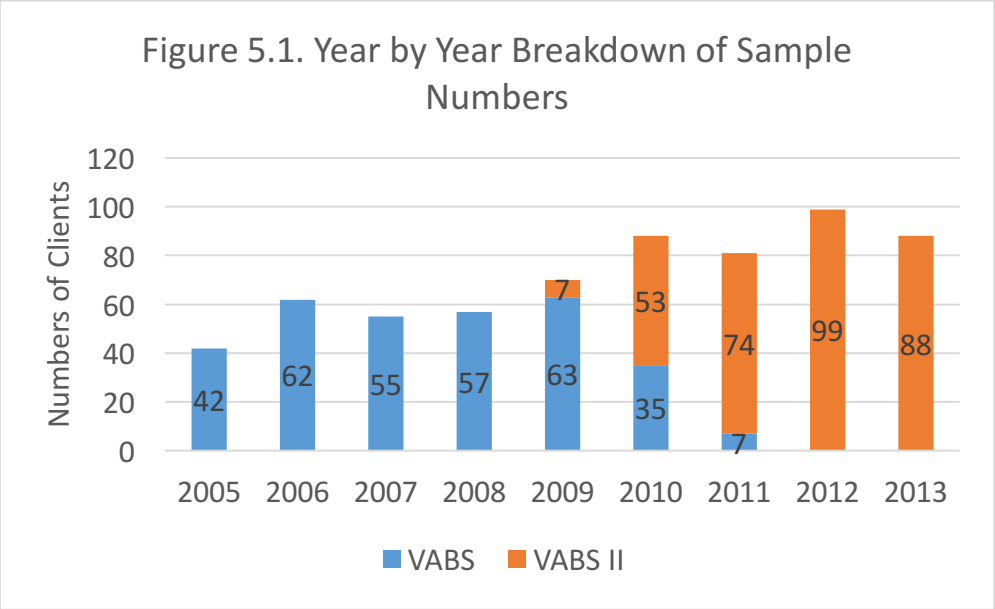


Figure 5.1. illustrates the year by year breakdown of cases seen and version of VABS used. It also illustrates the increasing numbers of referrals with the growth of the SAVE programme with the parallel targeted training of police and prosecutors in identifying those complainants who should be referred to our services. Although the VABS II was published in

2005 it was only by 2010 that it was accessible and increasingly used. The total number of cases seen over this period was 790. The exclusions amounted to 148 cases (18.7%). Reasons for exclusion and numbers each year are detailed in Appendix E.

5.2.2. Gender of sample.

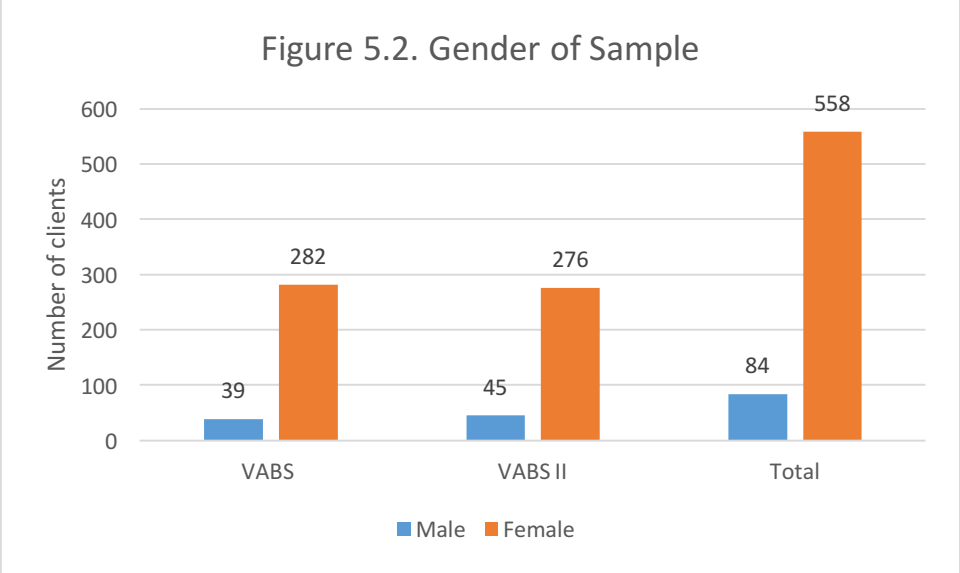


Figure 5.2. illustrates that in the VABS sample, 87.9% were female and 12.1% were male and in the VABS II sample 86% were female and 14% were male. The ratios are very similar over the two time periods of the study.

5.2.3. Age distribution of sample.

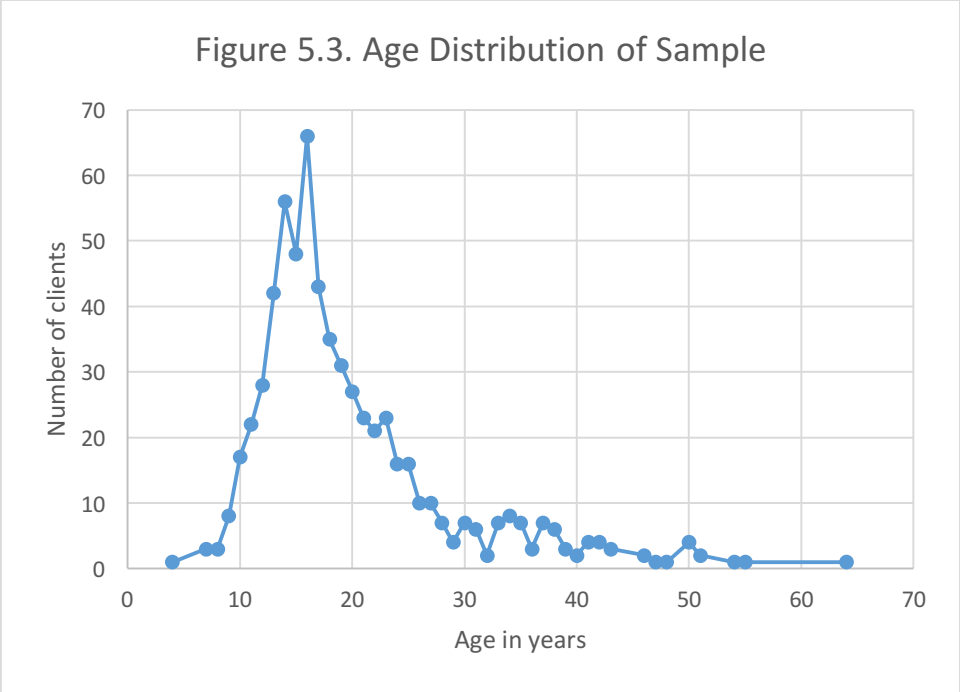


Figure 5.3. illustrates the age distribution of the sample. This is similar to the prevalence of sexual abuse in the general population (Jewkes, Fulu, Roselli, & Garcia Moreno, 2013). Very few children are referred to SAVE as they are mostly served by child abuse services and non-governmental organisations within the Cape Town metro and surrounding areas.

5.2.4. Language groupings of sample.

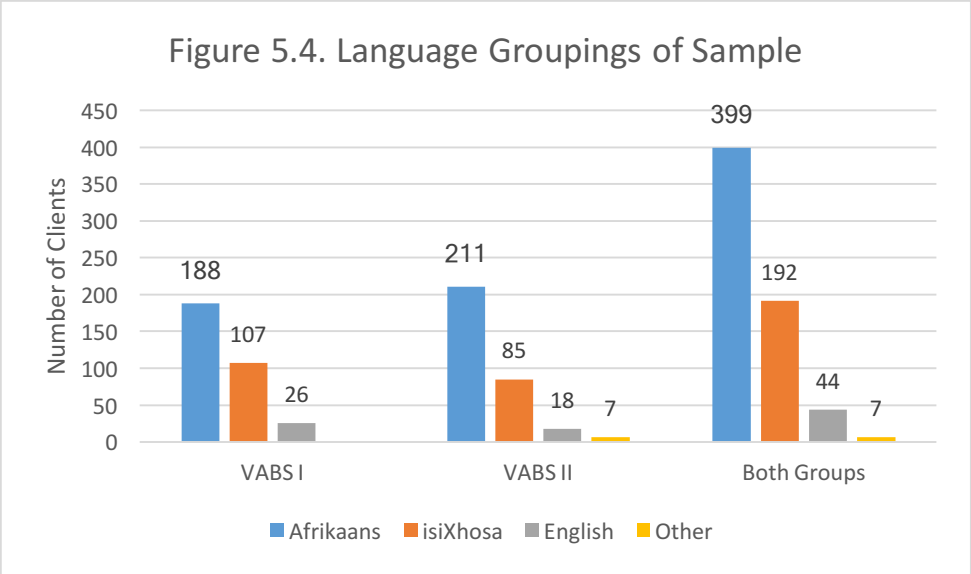


Figure 5.4. illustrates the breakdown of home language groups of the sample. These are the three predominant languages in the Western Cape. The "Other" category refers to South African languages spoken in other parts of the country or other African languages. It is striking that we are not getting many referrals of other African nations. The question arises as to whether this is due to xenophobia, access to the justice system for immigrants, whether people with intellectual disability are left behind and are not part of the immigrant or refugee group.

The percentage of isiXhosa speakers has reduced from 33.3% of the VABS sample group to 26.5% in the second period of the VABS II sample. Cape Mental Health have had a focused rural outreach, where Afrikaans is more commonly spoken, in the latter part of the data collection period and isiXhosa speakers are possibly more clustered in urban settings (refer to 5.2.6. on increasing numbers of rural referrals).

5.2.5. Race groups of sample.

Figure 5.5. Race Groups of the Sample

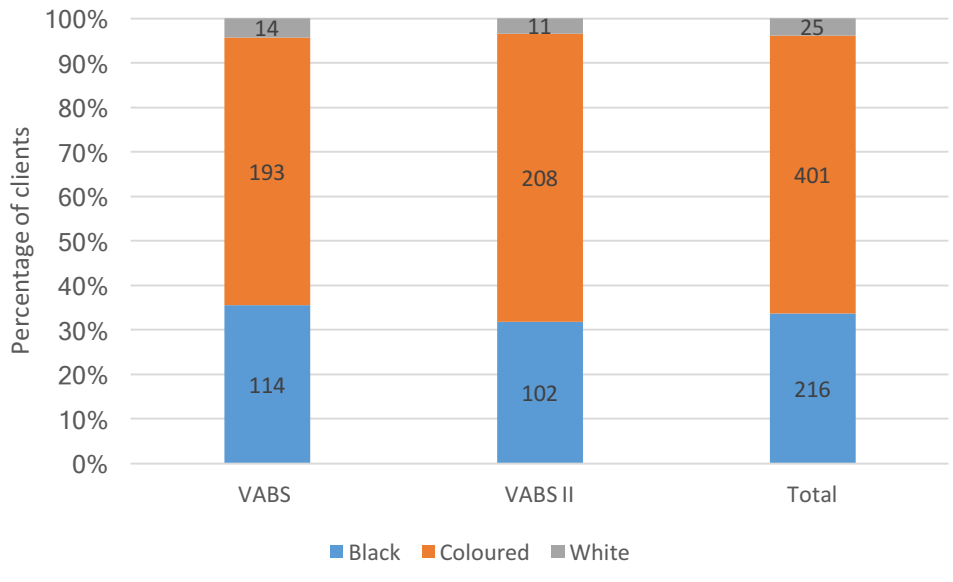


Figure 5.5. illustrates the race groups of the sample. Race and language remain social and economic categories and are included as they remain significant in the South African context.

Table 5.1.

Research Sample Percentages of Race and Language Compared with General Urban Cape Town and Rural Western Cape Percentages

Language and Race	Rural Western Cape. (Drakenstein municipality)	Urban Cape Town Metropole	VABS	VABS II	Total % of Sample
English	4.9%	27.8%	8.1%	5.6%	6.9%
Afrikaans	72.5%	34.9%	58.6%	65.7%	62.1%
isiXhosa	16.2%	29.2%	33.3%	26.5%	29.9%
Other	1%	2.8%	0%	2.2%	1.1%
Black	22.7%	38.6%	35.5%	31.8%	33.6%
White	13.5%	15.75%	4.4%	3.4%	3.9%
Coloured	62.5%	42.4%	60.1%	64.8%	62.4%
Indian/Asian	0.4%	1.45%	0%	0%	0%

Source: Statistics South Africa : Census 2011 figures published at statssa.gov.za

Using the figures given in Table 5.1., there are a proportionate number of isiXhosa speakers with intellectual disability being referred. The percentage of Black people living in the Western Cape is estimated to be 30.7%. This is similar to the sample percentage of 33.6%. The percentage of Coloured people in the sample is higher at 62.4% than the reported population percentage in the province of 52.5%. There is a notable difference in English speakers, with less referrals, than is representative in the area. In terms of race, there are disproportionately less White people with intellectual disability being referred. This warrants

further investigation and is possibly related to a greater proportion of White, English speakers being placed in institutional care and more protected environments or having access to better health services. Of this sample, 12% lived in residential facilities and 88% were community based. Are these cases being reported to the police? Does higher socioeconomic status provide protection from sexual abuse for people with ID, and lower the risk of sexual violence? Is it hidden and not reported? This would be of interest for further research.

5.2.6. Urban and rural geographic distribution.

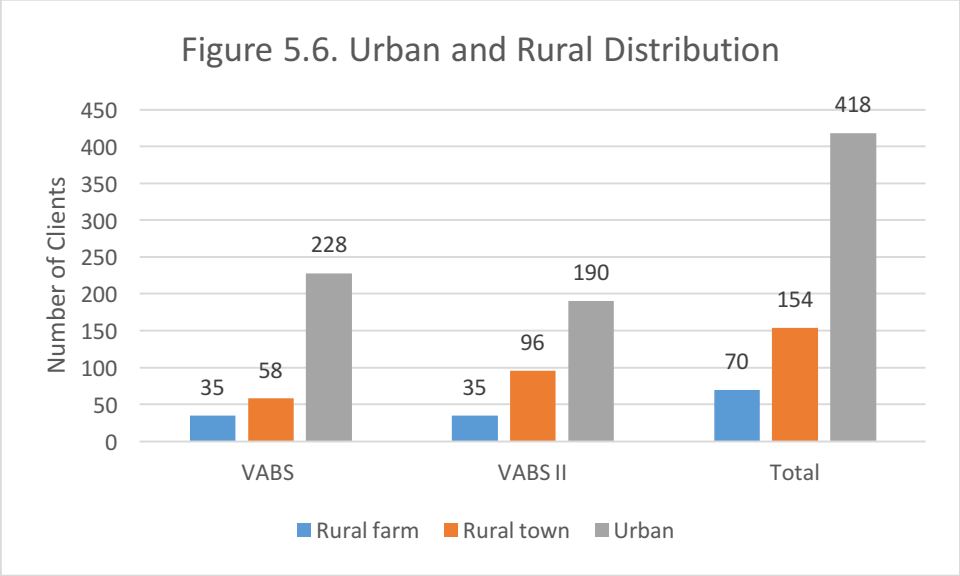


Figure 5.6. illustrates the geographic distribution of the sample. Urban refers to clients living the Cape Town Metropole, rural town refers to towns in the Western Cape but outside the Metropole and rural farm refers to clients living on farms in the Western Cape. These would be referred via their nearest police station and local town (refer to Appendix N for details). The number of rural farm referrals remained steady throughout the two periods of data collection, however there was an increase of 11.8% (from 18.1% to 29.9%) of referrals from rural towns. These figures merit detailed analysis in terms of access to services, assisting in prevalence data but are beyond the scope of this study.

5.2.7. Formal and informal housing.

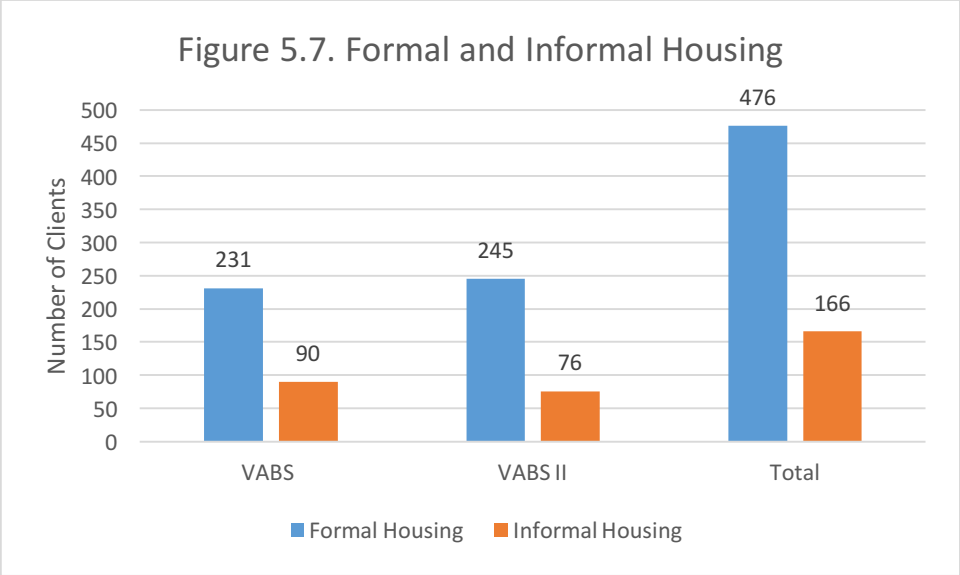


Figure 5.7. illustrates the number of people living in formal and informal housing. This is an indicator of socioeconomic level. Informal housing typically consists of a corrugated iron one roomed structure with limited and variable access to electricity, water and sanitation. In relation to national and provincial percentages of population living in informal housing, Statistics SA report from the 2011 census that nationally 13.6% of people are living in informal housing, Cape Town reports 78.4% in formal housing and the Drakenstein municipality (using these figures as a typical rural area for the Western Cape) reports 85.1% formal housing. In the research sample 25.8% are living in informal housing and only 74.1% in formal housing. There is a decrease in the latter period of data collection. This is a marker for the low socioeconomic status of this sample. Living in informal housing would be Themba's situation.

5.2.8. Housing and race.

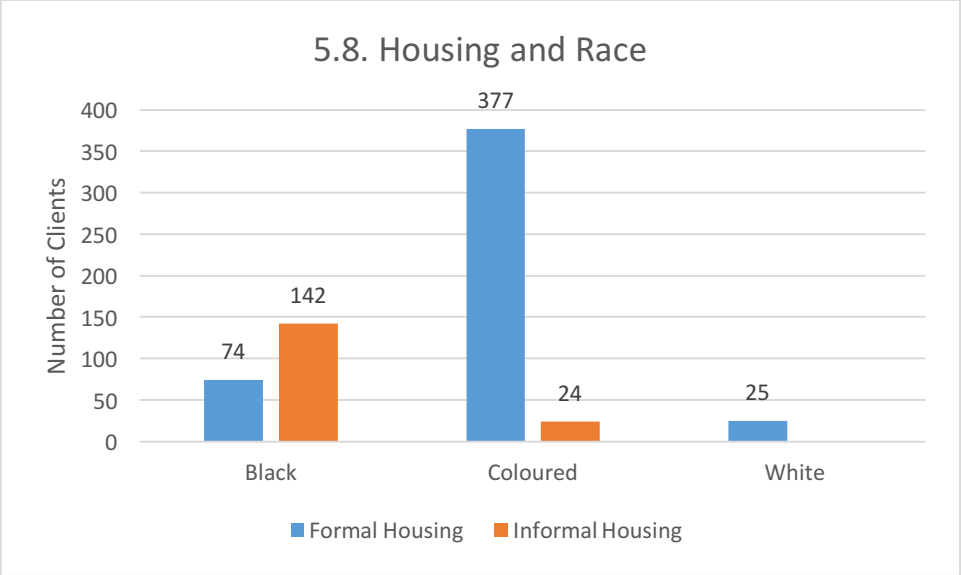


Figure 5.8. gives an indication of the disparity in our society and a reflection of the historically more recent influx of Black Africans into the urban areas. None of the White subset of the sample where living in informal housing, 5.9% of the Coloured subset were in informal housing and 65.7% of the Black subset were in informal housing.

5.2.9. Reported causes of intellectual disability.

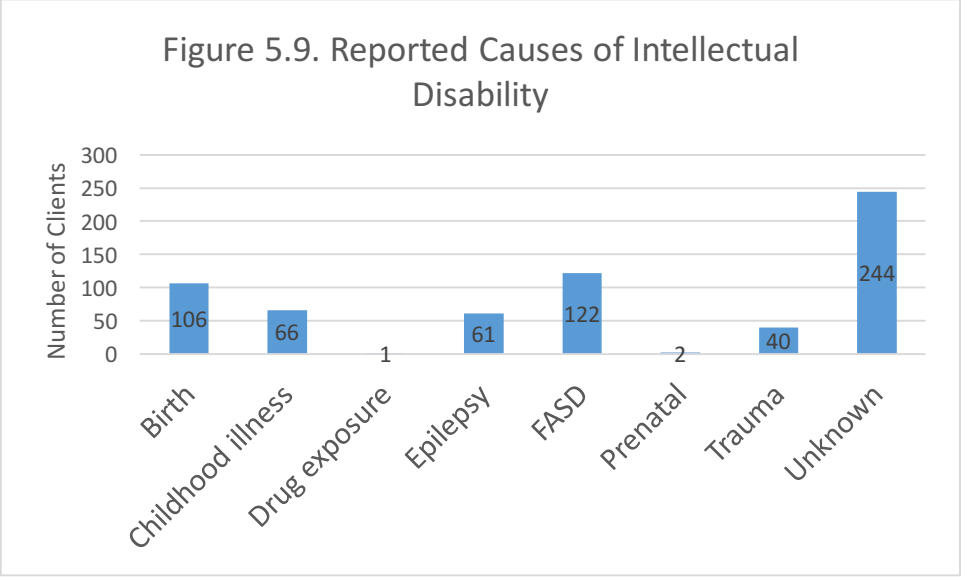


Figure 5.9. reflects the reasons given by the caregiver as to the cause of intellectual disability. Foetal Alcohol Syndrome Disorder (FASD) was used, when there was a history of alcohol use in pregnancy. No formal diagnosis of Foetal Alcohol Syndrome was possible

within the time constraints of the assessment. Many of the caregivers were unaware of, or did not know the reason for, the disability (38%). Many of these causes are preventable and the incidence of FASD is not unexpected (19%), given the history of paying workers in alcohol in the Western Cape. (Refer to prevalence figures in the literature review sections 2.5.4.3. and 3.3.3..)

Table 5.2.

Comparison of Percentage Reported Cause of Intellectual Disability

	Total sample (N=642)	Urban (n=418)	Rural (town and farm) (n=224)
Birth	16.5%	18.9%	12.1%
Childhood illness	10.3%	10.8%	9.4%
Drug exposure	0.15%	0.2%	0%
Epilepsy	9.5%	10%	8.5%
FASD	19%	12.4%	31.3%
Prenatal	0.3%	0.2%	0.5%
Trauma	6.2%	6%	6.7%
Unknown	38%	41.4%	31.7%

Table 5.2. breaks down the differences between the urban and rural sample. Two figures stand out. The 31.3% prevalence of FASD in the rural sample and the 41.4% of unknown cause by the caregiver amongst the urban sample, although the numbers of caregiver who do not know the cause of the disability is high across the sample. This is possibly due to inadequate health education and knowledge.

5.2.10. Relationship of the informant to the complainant.

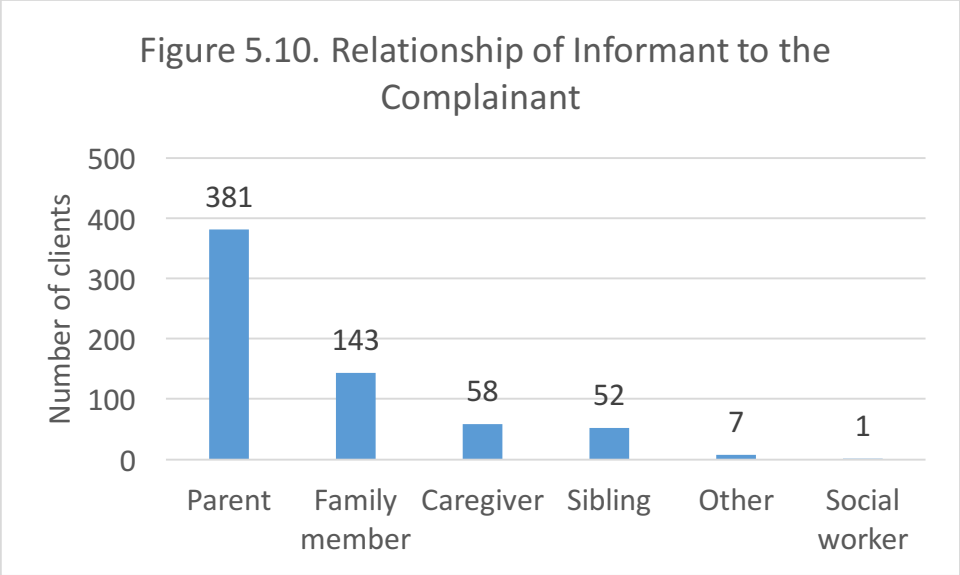


Figure 5.10. illustrates that 59.3% of the informants when using the Vineland Survey interview form were parents, 36.3% were family members, 9% were caregivers (usually from residential institutions), 8.1% were siblings of the complainant. In a few cases, a community member such as a neighbour was the informant. This was often in cases where the complainant was living with a non-family member.

5.2.11. IQ range of full sample.

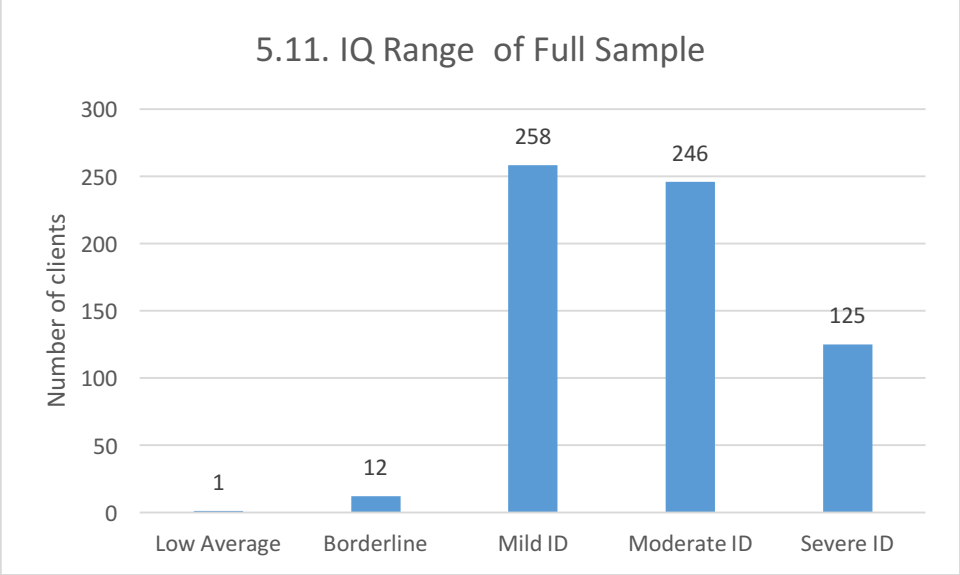


Figure 5.11. illustrates the ranges of IQ as measured by the ISGSA, of the full sample. The outlier, with a low average IQ, was functioning in the range of mild intellectual disability in terms of her adaptive functioning so was included in the sample. In relation to prevalence data there would seem to be a disproportionate number of people with moderate intellectual disability in terms of IQ. This may be related to the referral sources finding it easier to identify people with moderate intellectual disability and that mild intellectual disability is more difficult for the layperson to identify.

5.2.12. Reported Adaptive Functioning of full sample.

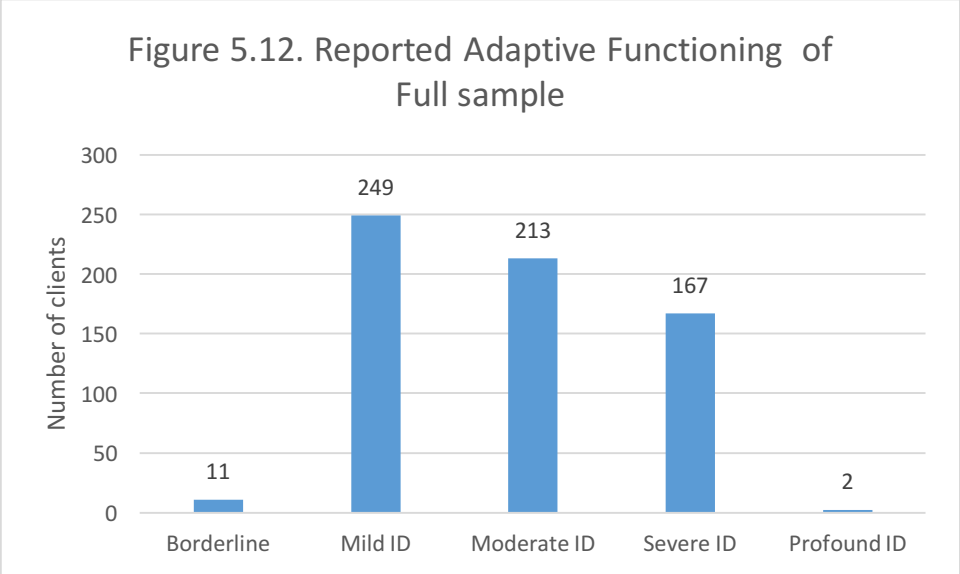


Figure 5.12. illustrates the different ranges of full sample of client's level of adaptive functioning as documented by the psychologist in the psycho-legal report.

5.2.13. Comparison of IQ ranges with reported ranges of adaptive functioning (AF).

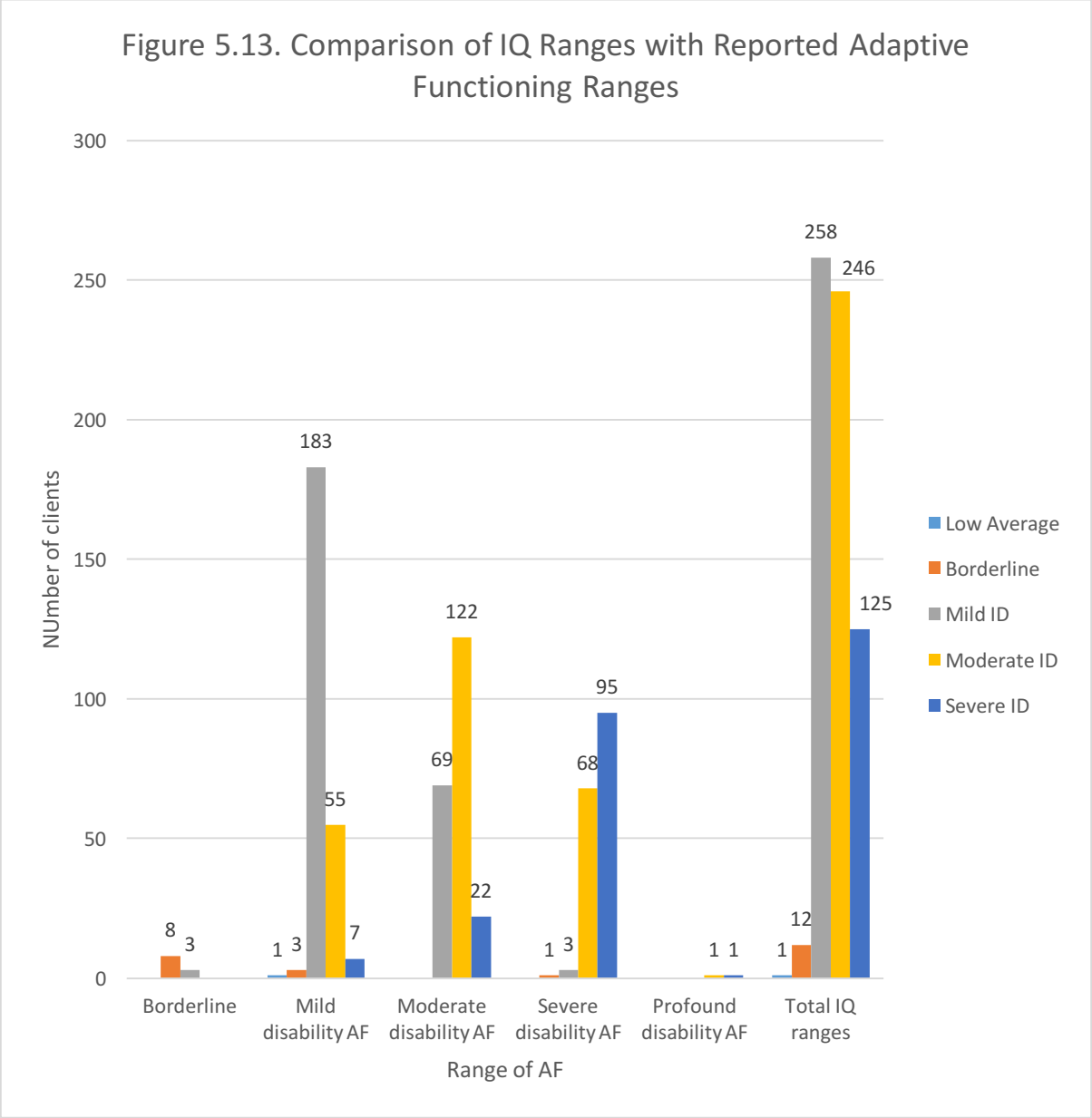


Figure 5.13. makes a comparison of ranges of disability as displayed in the previous two figures between measured IQ and reported adaptive functioning.

Of the 249 scores in the mild disability range of AF, 73.5% of IQ scores fall in the same range, 29.5% in the moderate range, 2.8% in the severe range, 1.2% in the borderline range and 0.4% in the low average range.

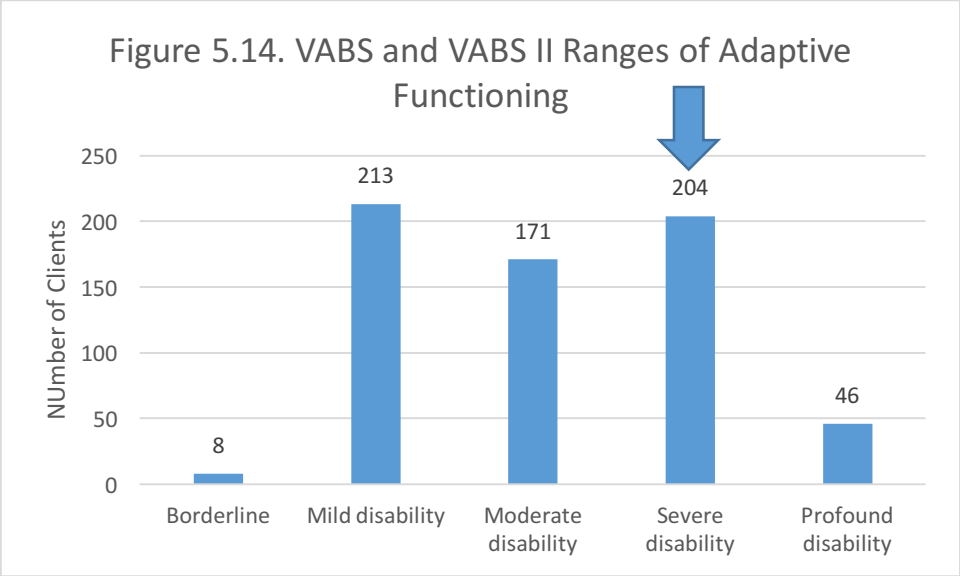
Of the 213 scores in the moderate disability range of AF, 57.3% of IQ scores fall in the same range, 32.4% have a measured IQ in the mild range and 10.3% in the severe range.

Of the 167 scores in the severe disability range of AF, 56.9% of IQ scores fall in the same range, 40.7% have a measured IQ in the moderate range and 1.8% in the mild range and 0.6% in the borderline range.

The psychologists' concluding evaluation is used for AF and the trend broadly follows the expected bell curve, with variation in IQ levels. This is further investigated and reported in the following results chapter (section 6.2., p. 170).

However, when the VABS and VABS II score ranges are used, a different trend emerges.

5.2.14. VABS and VABS II ranges of adaptive functioning.



As Figure 5.14. illustrates, using the VABS and VABS II scores to calculate ranges of disability, there are more people scoring in the range of severe disability than moderate disability. This is contrary to prevalence trends (refer to literature review section 3.3.2.), the IQ score trend (Figure 5.11.) and the evaluation of the assessing psychologist (Figure 5.12.) and indicated the need for more detailed analysis.

5.2.15. Comparison of adaptive functioning ranges of the VABS and the VABS II.

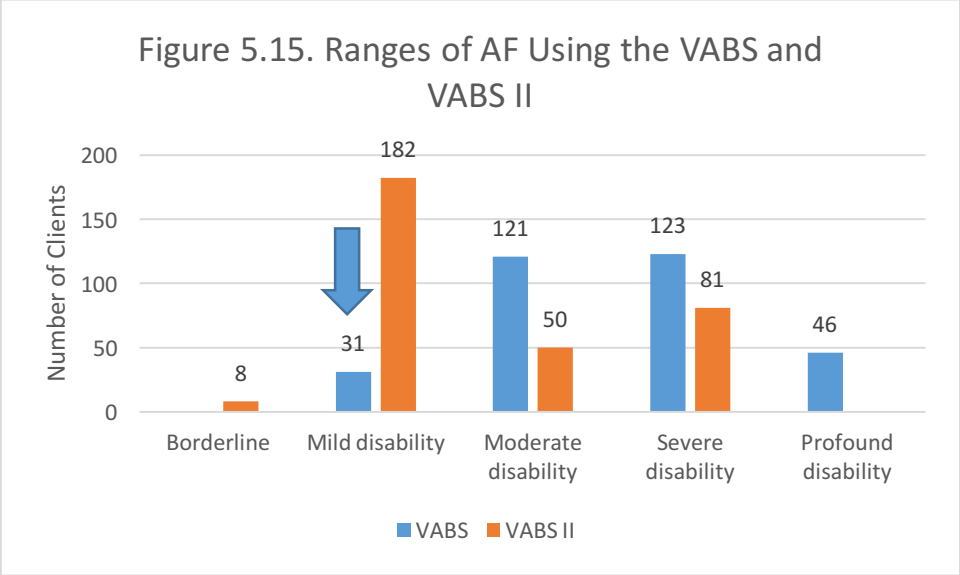
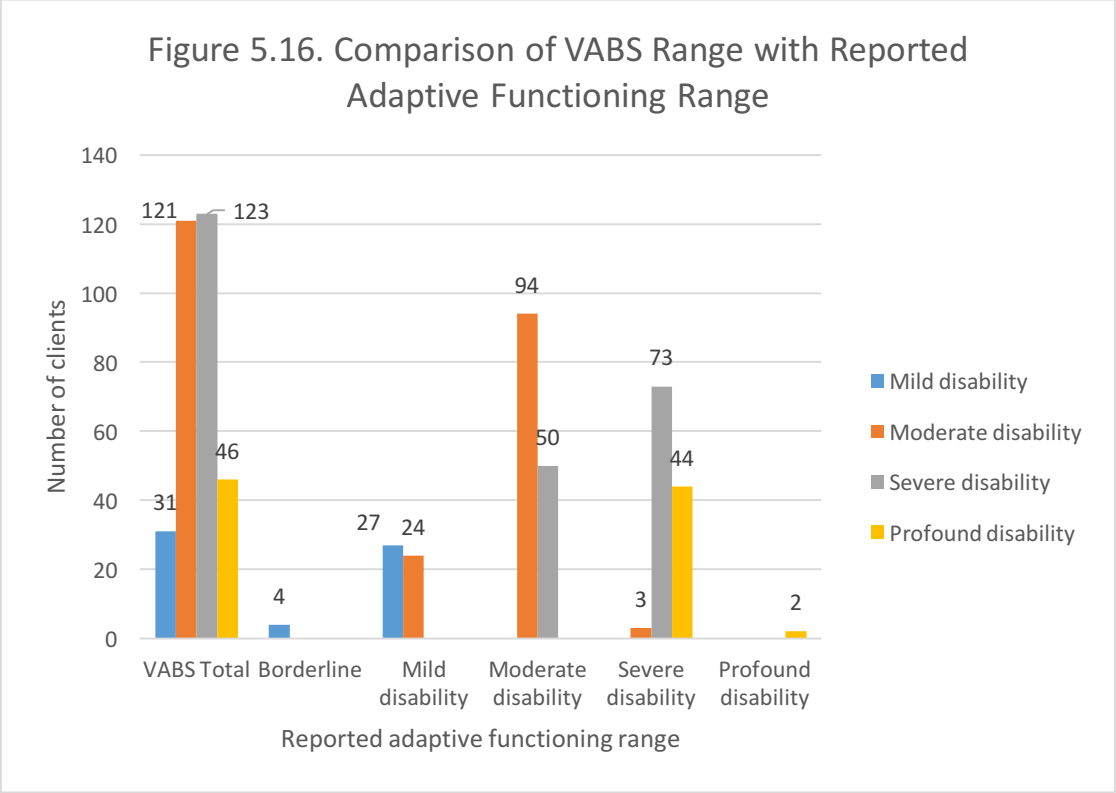


Figure 5.15. highlights difficulties with the VABS. Very few clients scored in the mild disability range. Those scoring in the moderate disability and severe disability range are almost equal and there is a significant number of people scoring in the profound range. Given that one of the purposes of our assessment, is to evaluate ability to give evidence and testify in court, those people with profound disability would have been screened out of this process by the police or in the initial social work interview, due to their significant communication difficulties.

Difficulty reflected in VABS II results are primarily that there are more clients scoring in the range of severe disability than moderate disability. The VABS and VABS II scores were then plotted against the concluding assessment of the psychologist as recorded in the psycho-legal report.

5.2.16. Comparison of VABS range with reported adaptive functioning range.



In Figure 5.16., the discrepancy between the range measured by the VABS and the reported range of the assessing psychologist is evident.

Of the 31 clients scoring in the range of mild disability according to the VABS, the psychologist evaluated that four were functioning in the borderline range and agreed with the VABS that 27 were functioning in the mild disability range.

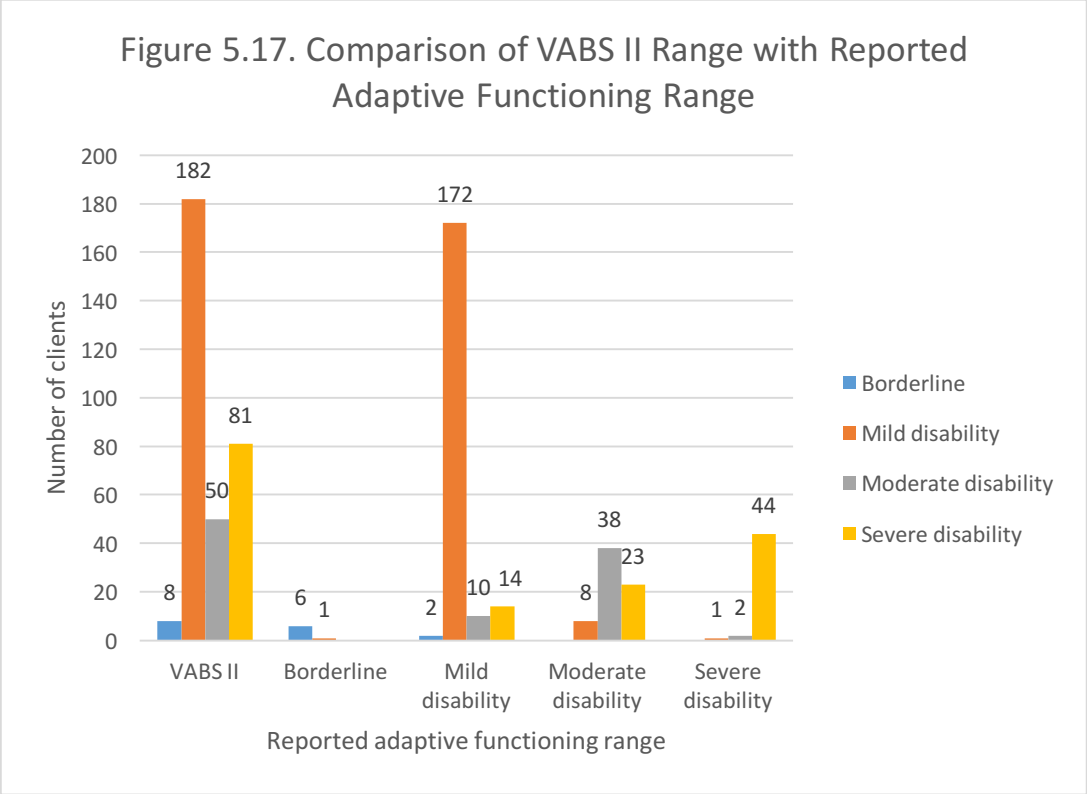
Of the 121 clients scoring in the range of moderate disability according to the VABS, the psychologist evaluated that 24 were functioning in the mild disability range, agreed that 94 were functioning in the moderate disability range and that three were in the severe disability range.

Of the 123 clients scoring in the range of severe disability according to the VABS, the psychologist evaluated that 50 were functioning in the moderate disability range and agreed that 73 were functioning in the severe range.

Of the 46 clients scoring in the range of profound disability according to the VABS, the psychologist evaluated that 44 were functioning in the severe disability range and only two were functioning in the profound disability range.

In 36.8% of the total number of cases, the VABS scores tended to underestimate adaptive ability in the moderate, severe and profound range of scores. (Refer to methodology section 4.5.3. regarding the psychologists' evaluation as gold standard.)

5.2.17. Comparison of VABS II range with reported adaptive functioning range.



In Figure 5.17. the discrepancy between the range measured by the VABS II and the range reported by the assessing psychologist is explored.

Of the eight clients scoring in the range of borderline adaptive functioning according to the VABS II, the psychologist evaluated that two were functioning in the mild disability range and agreed with the VABS II that six were functioning in the borderline range.

Of the 182 clients scoring in the range of mild disability according to the VABS II, the psychologist evaluated that one was functioning in the borderline range and agreed with

the VABS that 172 were functioning in the mild disability range and that eight were functioning in the range of moderate disability.

Of the 50 clients scoring in the range of moderate disability according to the VABS II, the psychologist evaluated that 10 were functioning in the mild disability range, agreed that 38 were functioning in the moderate disability range and that two were in the severe disability range.

Of the 81 clients scoring in the range of severe disability according to the VABS II, the psychologist evaluated that 14 were functioning in the mild disability range, 23 in the moderate disability range and agreed that 44 were functioning in the severe range.

No clients scored in the range of profound disability according to the VABS II or the conclusion of the psychologist. This may reflect greater attention to capacity in the screening process prior to being assessed.

The VABS II scores more closely approximate the psychologists' evaluation except in the severe disability range where a portion of the VABS II scores (45.7%) tended to underestimate adaptive ability. (This is further explored towards the end of the next section in 5.3.14 (p. 168) and 5.3.15 (p. 169)and in detail in the statistical analysis in section 6.2.2. (p. 171).)

5.3. Descriptive detail of the VABS II sample (n=321)

Due to the revised interview schedule in the latter part of the data collection, more detailed data were entered into the database and are presented in summary here, thus the data collected for those clients assessed by the VABS II were more detailed.

The following results are included:

- Nature of the charge.
- Motivation regarding testifying.
- Ability to testify.

- Relationship between motivation and ability to testify.
- Relationship between family support and ability to testify.
- Use of intermediary recommended for those able to testify.
- Relationship between IQ range and ability to testify.
- Relationship between reported AF and ability to testify.
- Relationship between VABS II range and ability to testify.
- Comparison of IQ, reported AF and VABS II ranges in relation to ability to testify.
- Range of VABS II scores.
- Range of reported AF.
- Range of measured IQ.
- Comparison of IQ, reported AF and VABS II ranges.
- Relationship of norms age ranges to VABS II ranges.

5.3.1. Nature of the charge.

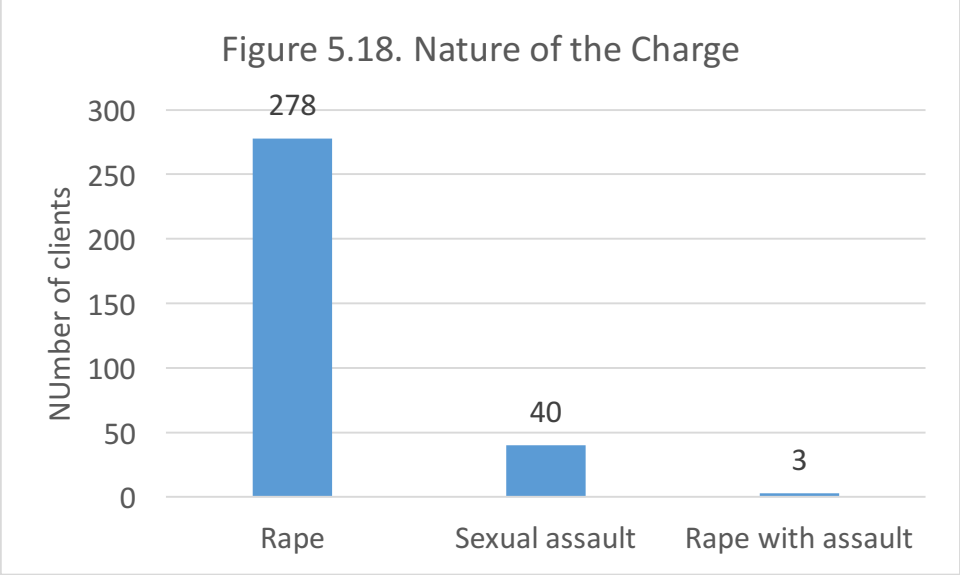
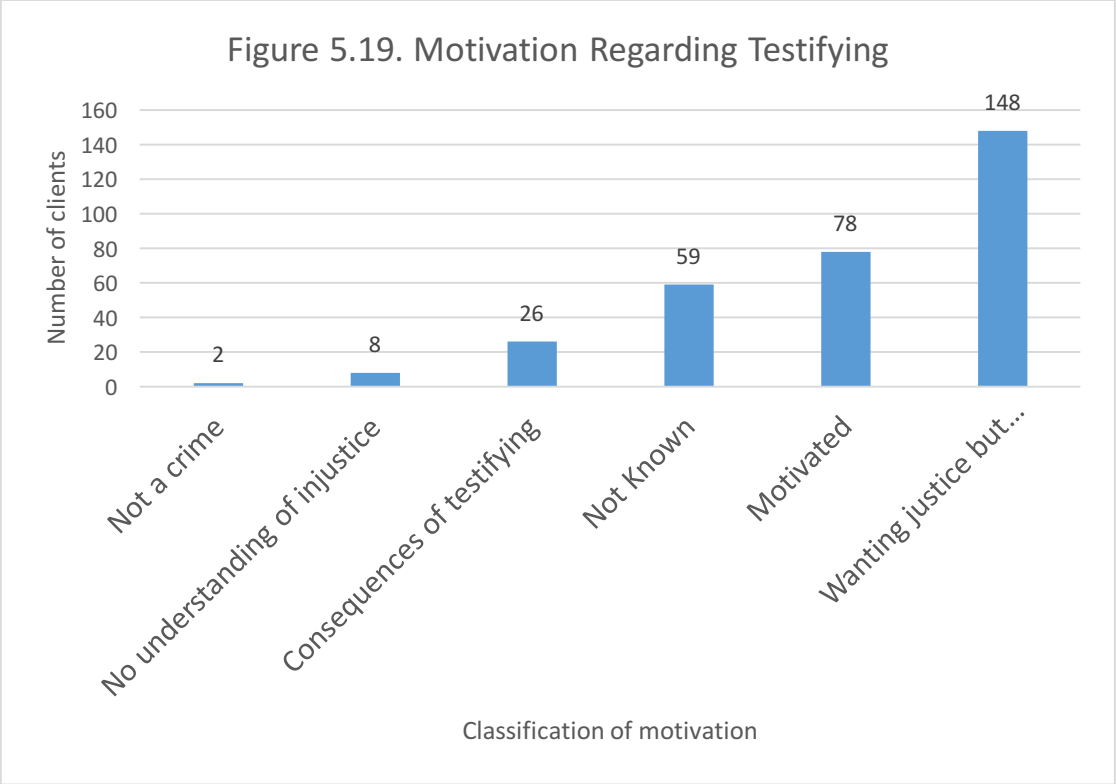


Figure 5.18. gives a picture of the nature of the complainant's charge, with the vast majority being rape (86.6%), a small cohort of sexual assault (12.5%) and a few cases of rape with assault (0.9%).

5.3.2. Motivation regarding testifying.



The information in Figure 5.19. was collected from the interview schedule and the psycho-legal reports. The "Not Known" figure reflects when this was not recorded. The last column includes those wanting justice but were ambivalent. This represented 46.1% of the sample's motivation.

5.3.3. Ability to testify.

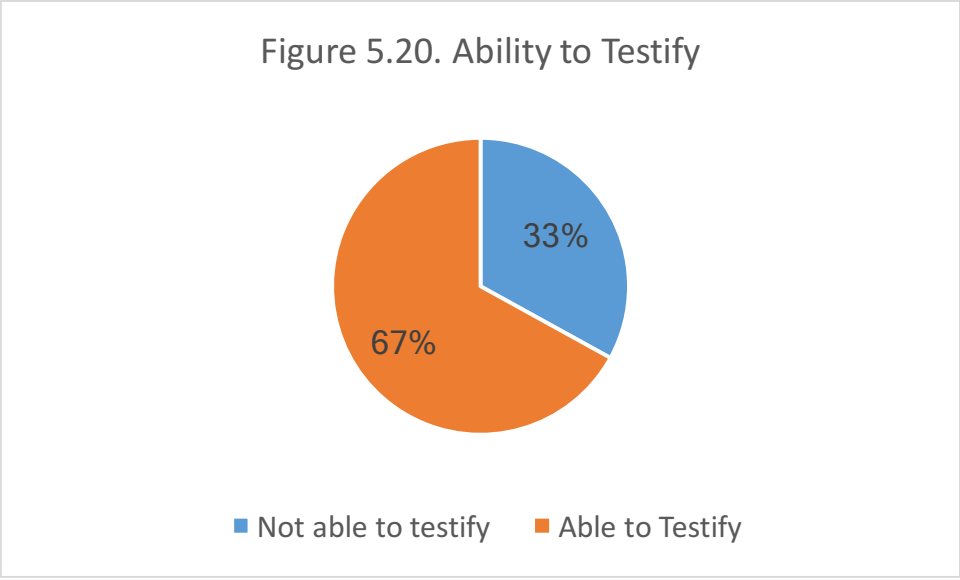


Figure 5.20. represents an important finding. This differs from previously published research in the South African setting and challenges the assumption even by mental health professionals regarding ability to testify (refer to literature review section 2.6.).[6]

5.3.4. Relationship between motivation and ability to testify.

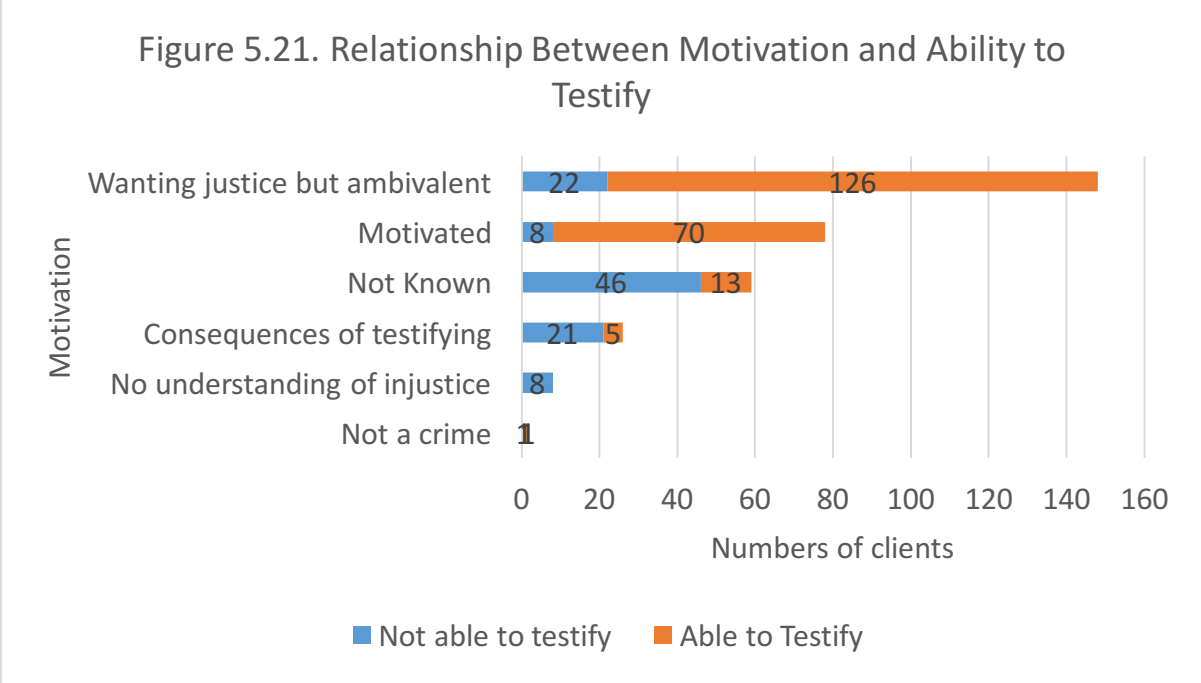


Figure 5.21. describes the connection between motivation and the ability to testify. In a small number of cases, the clients were motivated but were found to be unable to testify (2.5%). (Refer to the methodology section 4.1.7.5., as to the criteria used to evaluate the ability to testify.) Ambivalence is common even in those able to testify (39.3%). Where motivation was not recorded or unknown, 78% were found to be unable to testify.

[6] It would be important research to match the psychologist's evaluation and that of the prosecutor and judge and speaks to the ongoing effort of both to engage with the legal system in providing the necessary support to ensure access to justice. This is not a focus of this research but will be discussed further under section 5.3.9. (p. 164) in relation to adaptive functioning.

The consequences of testifying were substantial for 6.5% of the population and detracted from their ability to testify.

5.3.5. Relationship between family support and ability to testify.

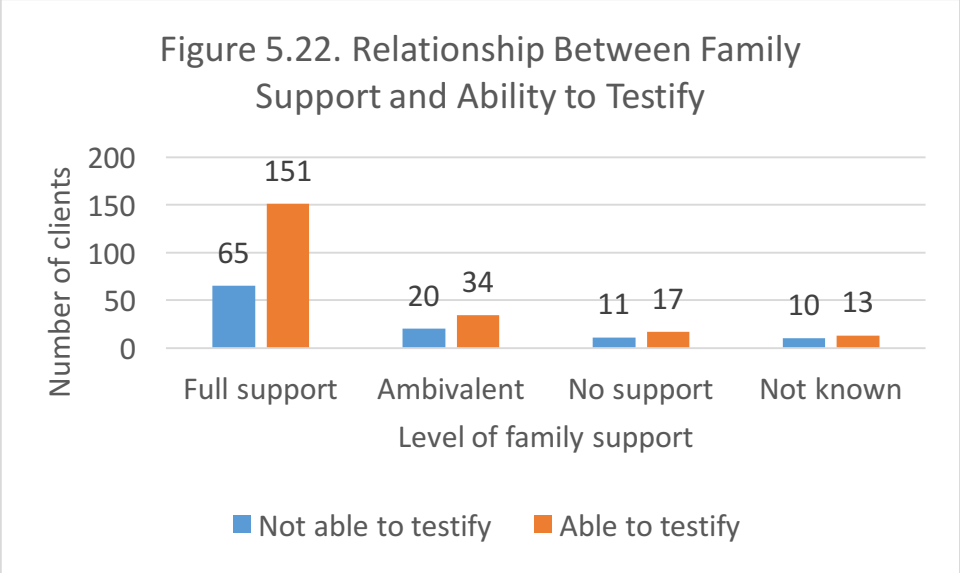


Figure 5.22. demonstrates the importance of family support for the person who is able to testify. In many cases the family have been instrumental in accessing police and reporting the alleged incident and providing ongoing emotional and instrumental support. It is also important to note that there are some cases that, despite there being ambivalent family support or no support, the client was still found able to testify.

5.3.6. Use of an intermediary recommended for those able to testify.

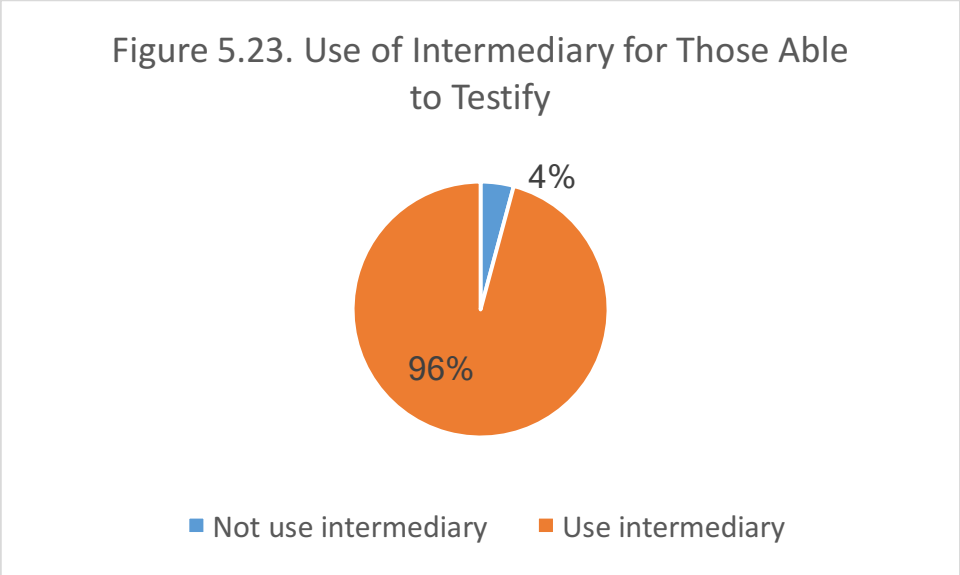


Figure 5.23. illustrates that of the 215 people found able to testify, in 209 cases, the psycho-legal report recommended the use of an intermediary. In only nine cases, the complainant was able to give evidence in open court.

This support allows the complainant the space to give an account with a person who has taken time to establish rapport with them and who can ask the questions posed by the court in a nonthreatening manner and simplified form. The intermediary acts to filter the often times aggressive manner and anxiety provoking nature of the court process, thus reducing undue mental stress for the complainant.

5.3.7. Relationship of IQ to ability to testify.

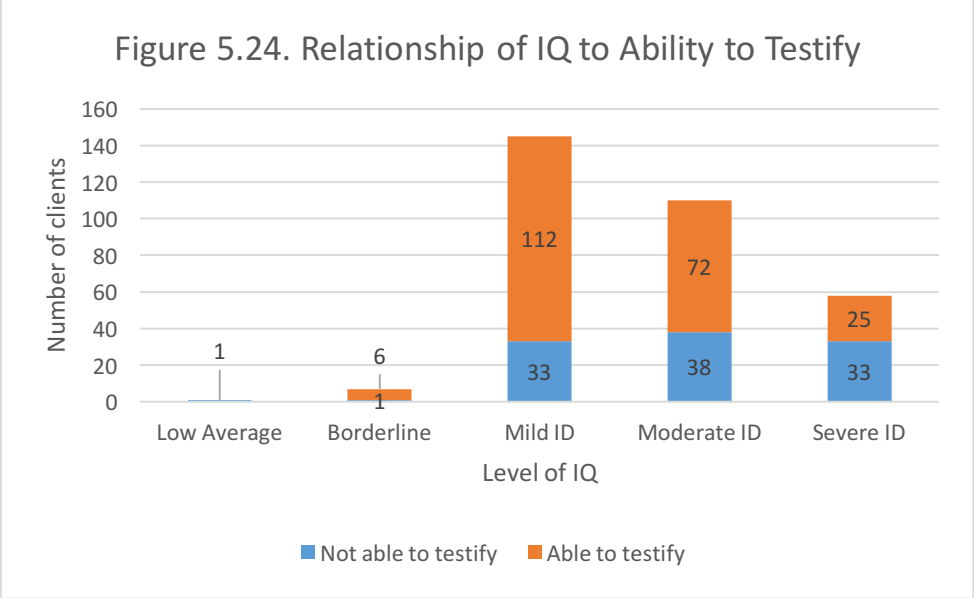


Figure 5.24. illustrates the importance of evaluating each client and that whilst a level of IQ is important in terms of overall assessment and preparation of the court for the limitation and support needed by the client, the one client who scored in the low average range was found *not able* to testify and 7.8% of the sample who *were able* to testify had been assessed as having severe disability in terms of IQ. It would be of interest to follow up how many of the clients assessed by the psychologist as able to testify, were able to do so in situ and to document how the court process was managed.

5.3.8. Relationship of reported adaptive functioning to ability to testify.

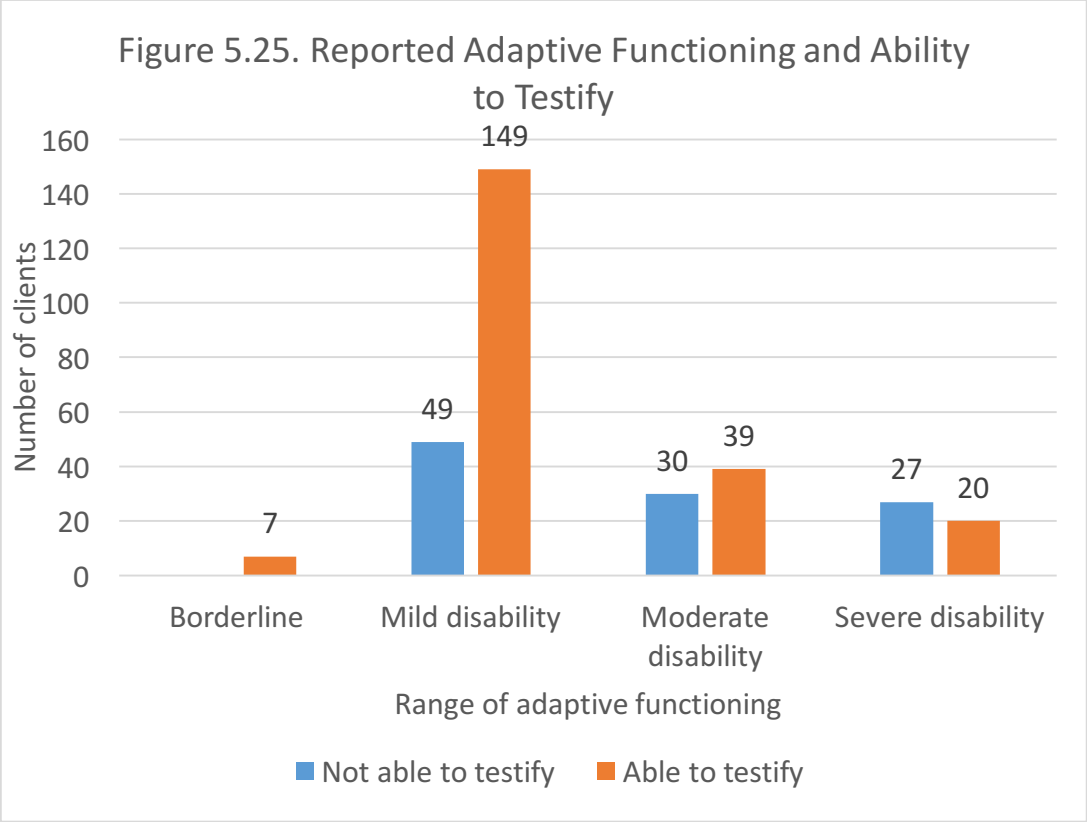


Figure 5.25. uses the reported conclusion of the assessing clinical psychologist in terms of adaptive functioning and compares this with those identified as able to testify. The ability to testify in a court of law could be thought of as a measure of adaptive functioning in a specific social institution. Of the 67% of the sample found able to testify, 46% of these were assessed as being mildly disabled in terms of adaptive functioning, 12.2% were moderately disabled and 6.2% were severely disabled.

5.3.9. Relationship of VABS II range to ability to testify.

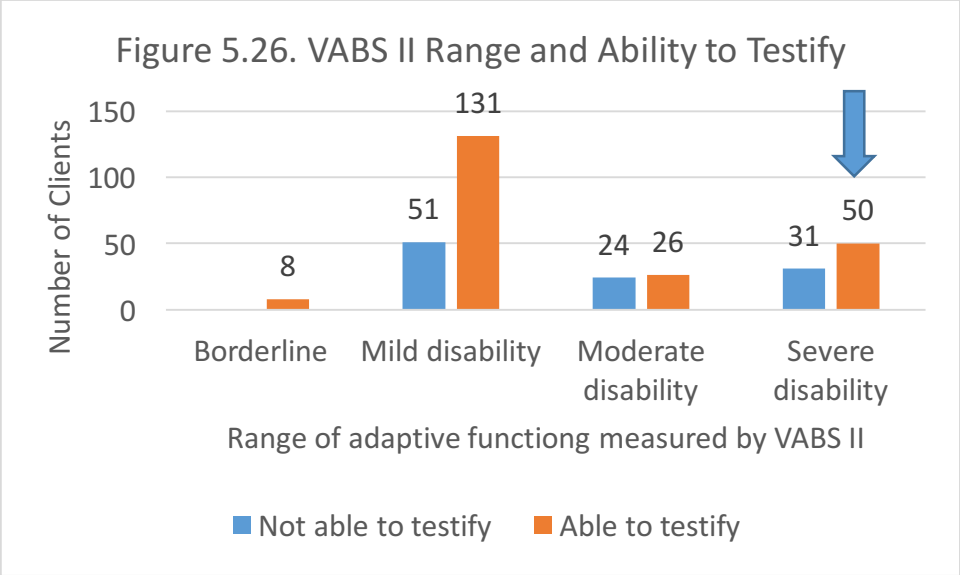


Figure 5.26. uses the range of the VABS II evaluation and examines the relationship with the ability to testify. From this, the numbers of people identified as severely disabled seem disproportionately high.

5.3.10. Comparison of IQ, VABS II ranges and reported adaptive functioning in relation to ability to testify.

Using the number of people assessed as able to testify, Table 5.3. compares the percentages of each range of disability as assessed by IQ, the reported assessment of AF and the VABS II range.

Table 5.3.

Comparison of IQ, Reported AF and VABS II Score in Relation to Ability to Testify

Able to testify: (n=215)	Range of IQ	Range of reported AF	Range of VABS II score
Borderline	2.8%	3.3%	3.7%
Mild disability	52.1%	69.3%	60.9%
Moderate disability	33.5%	18.1%	**12.1%**
Severe disability	11.6%	9.3%	**23.3%**
Total	100%	100%	100%

The bold figures in the ranges of moderate and severe disability highlight the discrepancy between the VABS II score ranges and the reported assessment and IQ ranges. The range of VABS II scores were examined.

5.3.11. Range of VABS II scores.

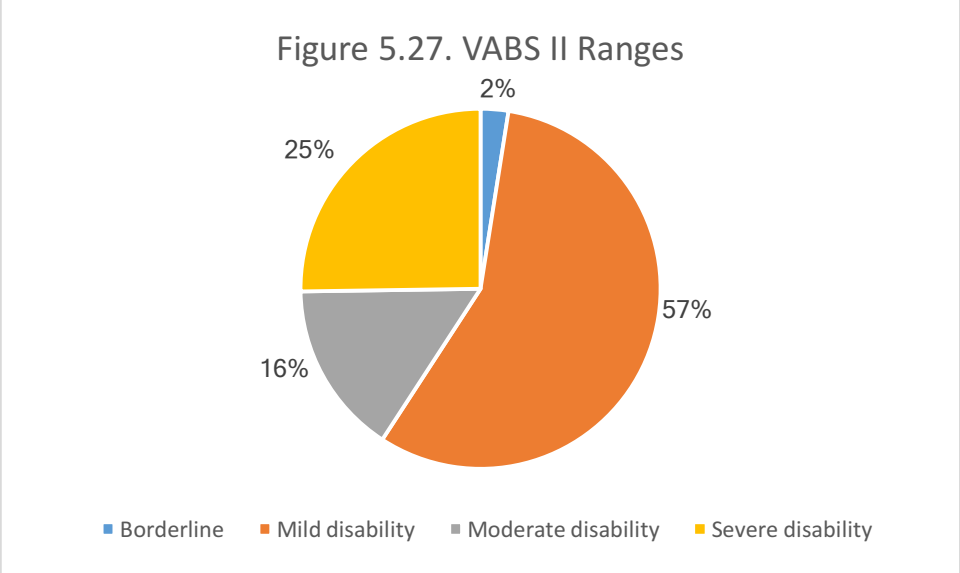


Figure 5.15. gives the numbers of clients described in each range. Figure 5.27. presents this as percentage. The percentage of clients assessed in the severe range would seem disproportionate to those in the moderate range. Comparison with the percentages of disability ranges of the concluding adaptive functioning given in the psycho-legal report was made.

5.3.12. Reported adaptive functioning ranges.

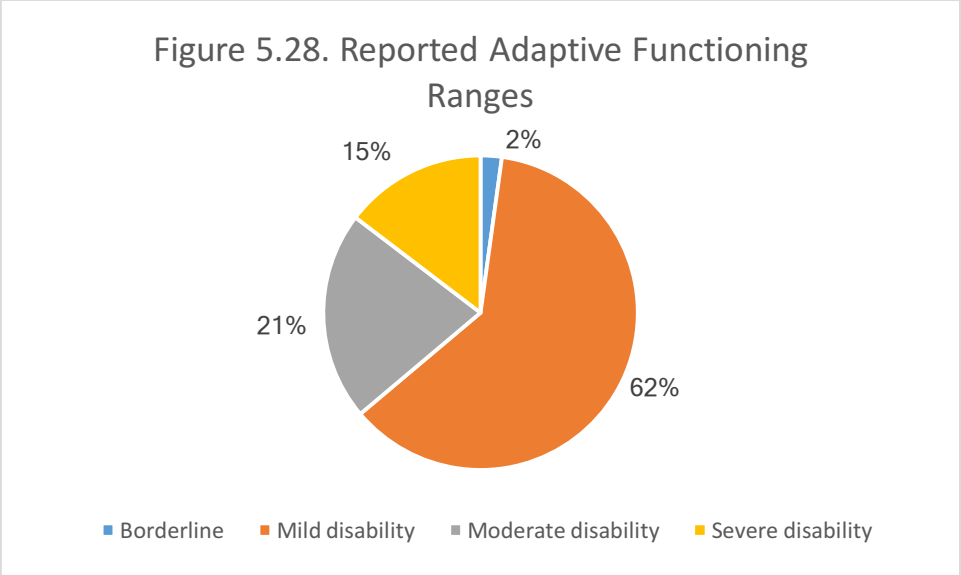


Figure 5.28. illustrates percentages as recorded by the reported psychologist evaluation of adaptive functioning, which follow the expected distribution. These were compared with the percentage ranges of the VABS II. The percentages in the borderline range were the same at 2%. The percentages in the mild disability ranges were similar with the VABS II at 57% and the concluding AF at 62% (5% difference). The differences in the moderate range were not too dissimilar with the VABS II at 15% and the reported AF at 21% (6% difference) although the trend is that reported AF percentage of clients falling into that range is higher than that of the VABS II. This would suggest that the VABS II tends to undervalue these clients abilities.

The largest difference is in the severe range with the VABS II at 25% and the reported AF at 15%. Not only is there a 10% difference of clients falling into that range but it also does not follow a normal distribution.

Further comparison with the percentages of IQ distribution was made.

5.3.13. Range of IQ.

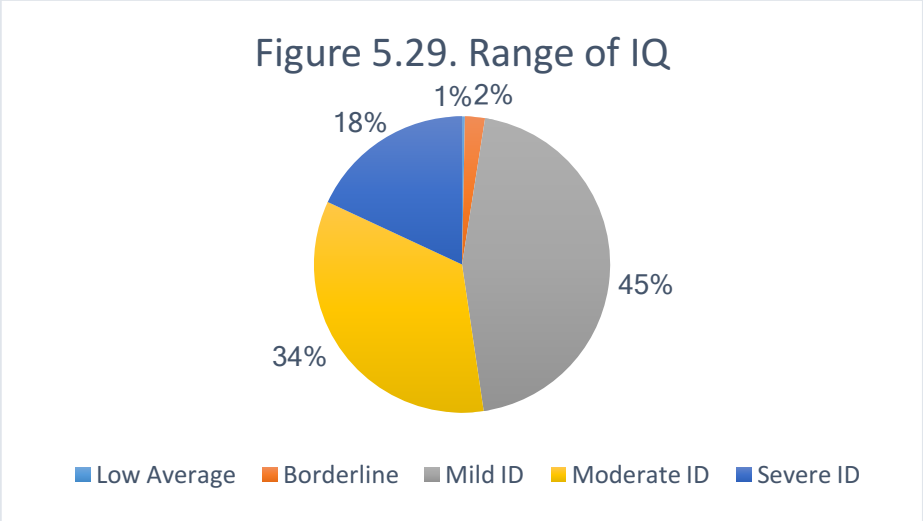


Figure 5.29. illustrates similar percentages in the borderline range of functioning to the previous two graphs. In the range of mild disability, 45% had a measured IQ, compared to 57% of the VABS II and 62% of the reported AF. This points to the IQ underestimating the level of disability of these clients. The historically poor provision of education for the predominant race groups in this sample and further limited exposure to education, being disabled, would be a contributing factors.

In the range of moderate disability, 34% had a measured IQ, compared to 16% of the VABS II and 21% of the reported AF.

In the range of severe disability, 18% had a measured IQ, compared to 25% of the VABS II and 15% of the reported AF. Figure 3.29. illustrates this comparison.

5.3.14. Comparison of IQ, VABS II score ranges and reported AF ranges.

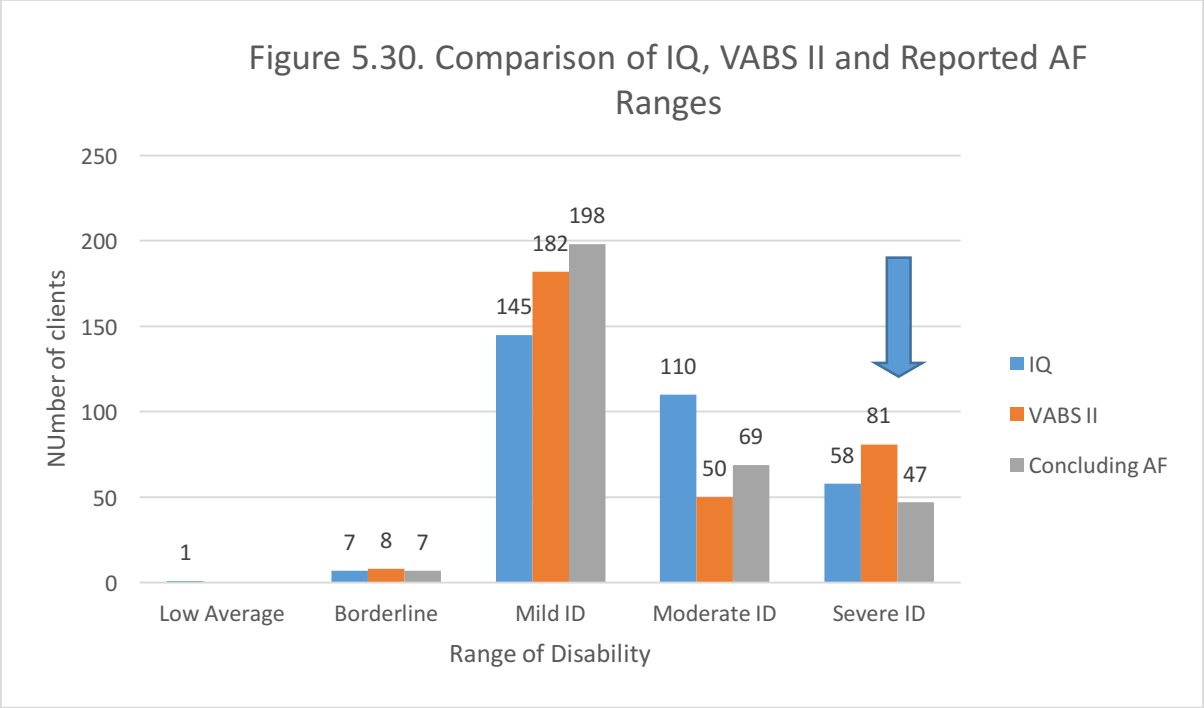


Figure 5.30. illustrates very clearly the tendency of the IQ score to underestimate ability and that the adaptive functioning assessment is crucial to giving a more accurate description of the range of disability. It also illustrates the recurring theme of the VABS II underestimating the ability of people in the severe range. In order to understand this discrepancy further, the VABS II scores were examined against the domain age groups given in the manual.

5.3.15. Age categories to VABS II ranges.

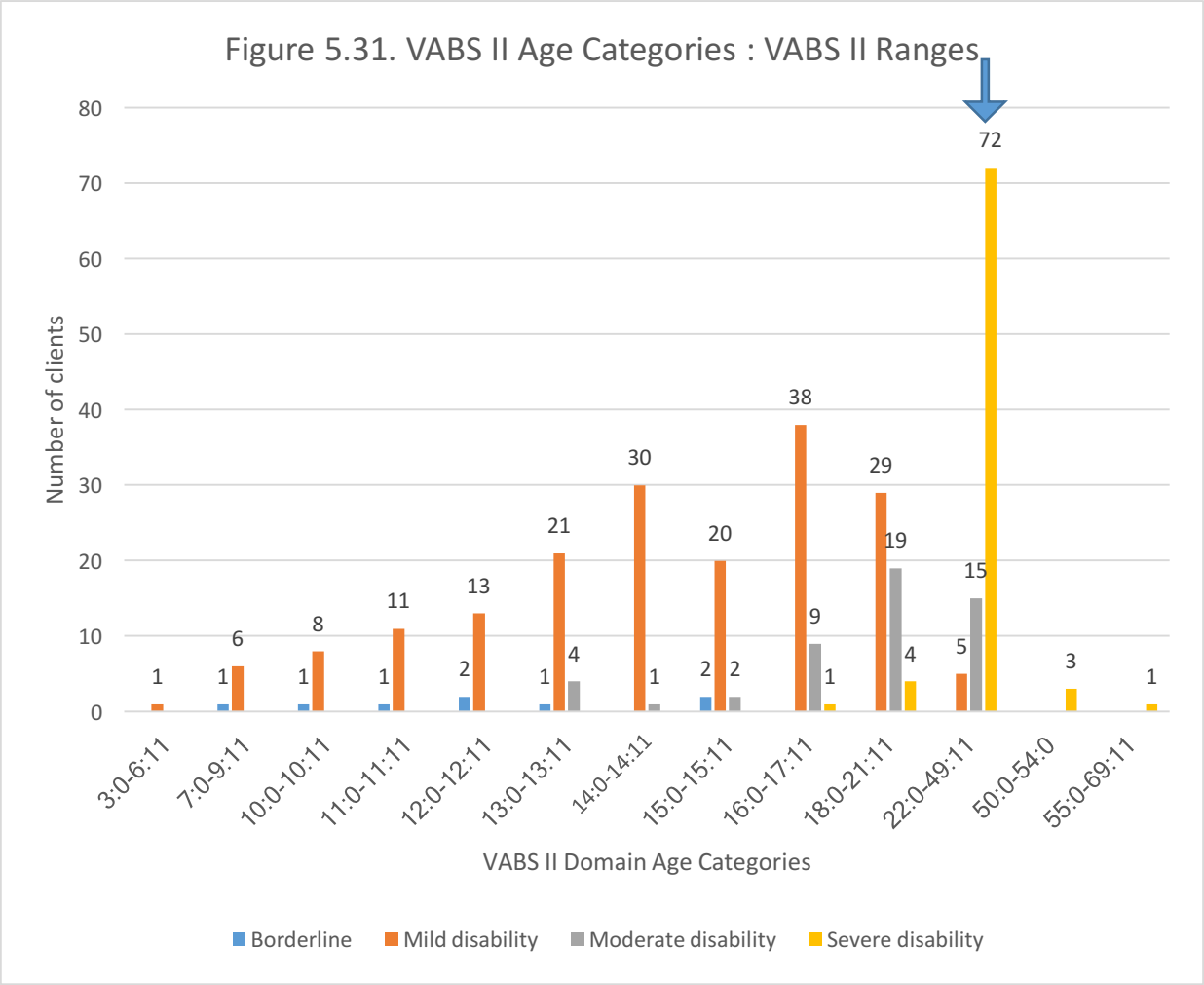


Figure 5.31. illustrates very clearly that for those clients over 22 years in age there was a sharp and unexplained increase of those falling in the range of severe disability when scored according to the VABS II norms. This is examined in greater detail in the statistical analysis chapter (section 6.4., p. 174) and the discussion chapter (section 7.4., p. 236).

5.4. Concluding comments

There is much interesting contextual data presented in this chapter. It is included to give a richer picture of the group to which Sarai, Themba and Madelaine belong, but the focus returns to the research questions. The next chapter looks in more detail at the statistical and clinical item analysis pertaining to the questions posed.

Chapter Six: Results of the Statistical and Clinical Item Analysis

6.1. Introduction

The results are reported in order of the research questions posed. Discussion of the results follows in the next chapter. Pages of relevant discussion are indicated in the text and hyperlinked for ease of reference in the electronic version.

6.2. Question One: Discrimination of different ranges of intellectual disability

The first research question asked if the norms of the Vineland Adaptive Behavior Scales (1984) (referred to as the VABS) and the Vineland Adaptive Scales, Second Edition (2005) (referred to as the VABS II), developed in the United States, discriminated accurately between different ranges of intellectual disability within this particular South African context. This was examined at two levels.

6.2.1. Association between standard score IQ and standard score of adaptive functioning (AF).

The first of these questions asked what association there was between the measured intelligence quotient (IQ) score using the Individual Scale of General Scholastic Aptitude (referred to as the ISGSA) and the standard score measurements of AF using the VABS and VABS II

6.2.1.1. VABS.

The results of the initial correlation analysis indicated a statistically significant relationship between the ISGSA and the VABS, with a Pearson product-moment correlation coefficient of .685 ($p < .001$). Further analysis using regression analysis, with the ISGSA standard score as the dependent variable and the VABS composite standard score as the independent variable, resulted in a statistically significant prediction ($p < .001$) with the VABS accounting for 46.8% of the variance in the ISGSA score. (n=321)

6.2.1.2. VABS II.

Using the same data analytic methods but substituting the relevant ISGSA scores and VABS II scores, it was found that the ISGSA and the VABS II were significantly associated with each other, with a Pearson product-moment correlation coefficient of .619 ($p < .001$). The regression analysis similarly indicated that the VABS II significantly predicted the ISGSA ($p < .001$) with the VABS II accounting for 38.3% of the variance in the ISGSA score (n=321).

A sub group analysis was run on the Afrikaans home language speakers and both the correlation (.633) and prediction remained significant ($p < .001$) with a marginally higher (40%) percentage variance in the ISGSA accounted for by the VABS II (n=211).

A sub group analysis was run on the isiXhosa speakers and both the correlation (.578) and prediction remained significant ($p < .001$) but the VABS II accounted for a lower percentage of the variance in ISGSA scores (33.4%) (n=85).

The results will be discussed further in the following chapter (section 7.2., p. 232.).

6.2.2. Reported diagnosis of disability compared with VABS and VABS II measurements.

The second part asked how the reported diagnosis and assessment of the evaluating clinical psychologist as reported in the conclusion of the psycho-legal report compared with the range of disability measured by the VABS and VABS II.

A Chi-square analysis of the psychologists' diagnosis and its association with the level of disability as measured by the VABS (n=321) and the VABS II (n=321) was run. A statistically significant association ($p < .001$) was found between the psychologists' diagnosis and the level of disability measured by both the group assessed with the VABS and group assessed with the VABS II.

The results will be discussed further in the following chapter (section 7.2., p.232.).

6.3. Question Two: Association of variables to VABS and VABS II measurements

The next research question asked if there was a significant association between variables of language, gender, geographic distribution, and access to education with measurements obtained using the VABS and VABS II. Socioeconomic status was not used as a variable as the sample was predominantly from a low socioeconomic bracket, neither was exposure to trauma used as a variable, as all participants had been exposed to sexual trauma. Those whose response to the sexual trauma resulted in a psychiatric diagnosis, were excluded from the sample.

6.3.1. VABS.

Language correlated with VABS significantly ($p < .05$). Correlation coefficient is weak (-.115) but significant ($p = .039$). Gender correlated with VABS = non-significant ($p > .05$). Geographic distribution correlated with VABS = non-significant ($p > .05$).

The more appropriate analysis for these relationships would be chi-square given the binary nature of gender and geographic distribution. Chi-square analysis shows that the relationship between:

Gender and VABS categories was non-significant ($p > .05$). Geographic distribution and VABS categories was non-significant ($p > .05$).

A logistic regression analysis was conducted with the VABS sample measurement as the dependent variable. The moderate and severe levels of ID were combined into one category as were the mild and borderline categories of ID as the analysis only allows for binary dependent variables. Independent variables were language, gender, and urban or rural geographic distribution. Information regarding access to education was not reliable for the VABS sample so was excluded from the analysis. The only significant predictor of the newly formed categories was language ($p < .01$) where English speakers were 3.09 times more likely (95% CI: 8.77 - 1.08) to be in the moderate/severe category than Afrikaans speakers and 6.77

times more likely (95% CI: 6.77 - 22.73) to be in the moderate/severe category than isiXhosa speakers.

6.3.2. VABS II.

Language correlated with VABS II = non-significant (p >.05). Gender correlated with VABS II = non-significant (p >.05). Geographic distribution correlated with VABS II = non-significant (p >.05). Access to education correlated with VABS II = significant (p <.001).

The more appropriate analysis for these relationships would be chi-square given the binary nature of gender, geographic distribution and access to education. Chi-square analysis shows that the relationship between:

- Gender and VABS II is non-significant (p>.05).
- Geographic distribution and VABS II is non-significant (p>.05).
- Access to education and VABS II is significant (chi-square=13.27, p<.01).

The same method was used but to the independent variables of language, gender, and urban or rural geographic distribution was added access to education. The VABS II sample measurements were grouped as before as the dependent variable. The only significant predictor was whether participants had access to education or not (p <.01). Those participants who did not have access to education were 2.93 times (95% CI: 1.39 - 6.20) more likely to be in the moderate/severe category than those who did have access to education.

The results will be discussed further in the following chapter (section 7.3., p. 235.).

6.4. Question Three: Evaluation of floor effects, sensitivity and specificity of the VABS II for adults over 22 years old with intellectual disability

The third research question asked if the VABS II was able to discriminate between levels of intellectual disability for the adults in the sample and asked for the critical evaluation of the floor effects, evidenced in the norm tables for adults and examine the sensitivity and specificity of the VABS II for a sample of intellectually disabled adults.

A receiver operating characteristic curve analysis (ROC) was conducted comparing moderate and severe ID in the sample of 321 participants assessed using the VABS II ranging in age from four to 55 years. Hanley and McNeil (1982) describe the Area Under the Curve (AUC) as indicative of a scale's ability to discriminate between participants with and without a particular diagnosis. AUC's of .50 to .70 are indicative of low accuracy, .70 to .90 indicate utility and an AUC greater than .90 indicates high accuracy (Fischer, Bachman, & Jaesche, 2003; Swets, 1998). (For graphical representation and detailed tables of the results of the analysis, refer to Appendix P.)

6.4.1. Full sample: VABS II scores onto psychologists' evaluation of IQ.

Using the psychologists' evaluation of Intelligence Quotient (IQ) as the gold standard and the psychologists' rating of severe IQ as caseness the following was found:

- The AUC was .758 which is indicative of utility.
- At the upper end of the severe IQ range, at the cut off score of 34 on the VABS II, the true positive probability (sensitivity) is .654 while the true negative probability (specificity) is .310. The VABS II can predict severe IQ 65.4% of the time.
- The VABS II predicts IQ correctly 100% of the time when the standardised score on the VABS II reaches 56, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is .265.

6.4.2. Participants over 22 years: VABS II scores onto psychologists' evaluation of IQ.

Using the same analysis for those participants over 22 years (n=96) using the psychologists' evaluation of IQ as the gold standard and the psychologists' rating of severe IQ as caseness the following was found:

- The AUC was .691 which is barely indicative of utility.

- At the upper end of the severe IQ range at the cut off score of 34 on the VABS II, the true positive probability (sensitivity) is 1.0 while the true negative probability (specificity) is .171.
- The VABS II predicts severe IQ correctly 100% of the time when the standardised score on the VABS II reaches 33, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is .195.
- Due to the AUC of .691 this could be by chance.

6.4.3. Participants younger than 22 years: VABS II scores onto psychologists' evaluation of IQ.

Using the same analysis for those participants younger than 22 years (n=225) using the psychologists' evaluation of IQ as the gold standard and the psychologists' rating of severe IQ as caseness the following was found:

- The AUC was .854 which is indicative of the high end of utility.
- The lowest score is such that the first coordinate on the ROC is 27. There are limited cases within this age group with only 21 cases of Severe IQ, 72 of Moderate IQ and 132 of Mild IQ.
- At the upper end of the severe IQ range at the cut off score of 34 on the VABS II, the true positive probability (sensitivity) is .143 while the true negative probability (specificity) is .986. The VABS II can predict severe IQ 14.3% of the time.

The VABS II predicts IQ correctly 100% of the time when the standardised score on the VABS II reaches 56, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is .417.

6.4.4. Full sample: VABS II scores onto psychologists' evaluation of adaptive functioning (AF).

Using the psychologists' evaluation of Adaptive Functioning (AF) as the gold standard and the psychologists' rating of severe AF as caseness the following was found:

- The AUC was .826 which is indicative of the high end of utility.
- At the upper end of the severe ID range at the cut off score of 34 on the VABS II, the true positive probability (sensitivity) increases to .936 while the true negative probability (specificity) decreases to .667. The VABS II can predict severe AF 93.6% of the time.
- The VABS II predicts AF correctly 100% of the time when the standardised score on the VABS II reaches 62, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is 0.

6.4.5. Participants over 22 years: VABS II scores onto psychologists' evaluation of adaptive functioning.

Using the same analysis for those participants over 22 years (n=96) using the psychologists' evaluation of AF as the gold standard and the psychologists' rating of severe AF as caseness the following was found:

- The AUC was .659 which is barely indicative of low accuracy.
- It is of no use to further interrogate the data.

6.4.6. Participants younger than 22 years: VABS II onto psychologists' evaluation of adaptive functioning.

Using the same analysis for those participants younger than 22 years (n=225) using the psychologists' evaluation of AF as the gold standard and the psychologists' rating of severe AF as caseness the following was found:

- The AUC was .838 which is indicative of the high end of utility.

- At the upper end of the severe ID range at the cut off score of 34 on the VABS II, the true positive probability (sensitivity) increases to .571 while the true negative probability (specificity) stays the same at .1.0. The VABS II can predict severe AF 57.1% of the time.
- The VABS II predicts AF correctly 100% of the time when the standardised score on the VABS II reaches 62, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is 0.

6.4.7. Full sample: VABS II scores onto ISGSA scores of IQ.

A ROC analysis was used to compare moderate IQ scores (ISGSA scores of 35-49) and severe IQ scores (ISGSA scores of 20-34) from within the sample, using the ISGSA ratings of IQ as the gold standard and the ISGSA rating of severe IQ as caseness the following was found:

- The AUC was .719 which is barely indicative of utility.
- At the upper end of the severe IQ range at the cut off score of 34 on the VABS II, the true positive probability (sensitivity) increases to .586 while the true negative probability (specificity) decreases to .679. The VABS II can only predict severe IQ 58.6% of the time.
- The VABS II only predicts IQ correctly 100% of the time when the standardised score on the VABS II reaches 64, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is .009.

6.4.8. Participants over 22 years: VABS II scores onto ISGSA score of IQ.

Using the same analysis for those participants over 22 years (n=96) using the ISGSA ratings of IQ as the gold standard and the ISGSA rating of severe IQ as caseness the following was found:

- The AUC was .655 which is indicative of low accuracy.

- It is of no use to further interrogate the data.

6.4.9. Participants under 22 years: VABS II scores onto ISGSA scores of IQ.

Using the same analysis for those participants younger than 22 years (n=225) using the ISGSA ratings of IQ as the gold standard and the ISGSA rating of severe IQ as caseness the following was found:

- The AUC was .810 which is indicative of utility.
- At the upper end of the severe IQ range at the cut off score of 34 on the VABS II, there is a true positive probability (sensitivity) of .115 and a true negative probability (specificity) of .986. The VABS II can only predict severe ID 11.5% of the time.
- The VABS II predicts IQ correctly 100% of the time when the standardised score on the VABS II reaches 64, where the true positive probability (sensitivity) is 1.0 and the true negative probability (specificity) is .014.

6.4.10. Cross tabulation of ISGSA standard scores and the psychologists' assessment of IQ.

Table 6.1, gives an indication of the number of cases where the psychologists' evaluation of IQ range differed from the numerical score as categorised by the ICD-10 but was within the confidence interval of +/- 5 (green) in all but one case (cerise).
ICD-10 categories were used but with the allowance of standard deviation differences described by the DSM-5:

- Severe ID range: Standard score of 20-34 +/- 5
- Moderate ID range: Standard score of 35-49 +/- 5
- Mild ID range: Standard score of 50-69 +/-5
- Borderline range: Standard score of 70-80 +/-5

Table 6.1.

Cross Tabulation of ISGSA Standard Score and Psychologists' Assessment of IQ

ISGSA Standard score		Psychologists' assessment of IQ				Total
		Borderline	Mild ID	Moderate ID	Severe ID	
	26	0	0	0	2	2
	27	0	0	1	2	3
	28	0	0	0	7	7
	29	0	0	0	15	15
	30	0	0	0	10	10
	31	0	0	0	2	2
	32	0	0	1	4	5
	33	0	0	0	4	4
	34	0	1	4	5	10
	35	0	0	5	1	6
	36	0	0	5	0	5
	37	0	0	4	0	4
	38	0	0	11	0	11
	39	0	0	9	0	9
	40	0	0	12	0	12
	41	0	0	10	0	10
	42	0	0	6	0	6
	43	0	1	12	0	13
	44	0	0	8	0	8
	45	0	0	1	0	1
	46	0	2	9	0	11
	47	0	0	2	0	2
	48	0	1	6	0	7
	49	0	0	4	0	4

ISGSA Standard score		Psychologists' assessment of IQ				Total
		Borderline	Mild ID	Moderate ID	Severe ID	
	50	0	11	3	0	14
	51	0	16	0	0	16
	52	0	11	0	0	11
	53	0	15	0	0	15
	54	0	19	0	0	19
	55	0	5	0	0	5
	56	0	9	0	0	9
	57	0	9	0	0	9
	58	0	6	0	0	6
	59	0	7	0	0	7
	60	0	8	0	0	8
	61	0	2	0	0	2
	62	0	3	0	0	3
	63	0	2	0	0	2
	64	0	6	0	0	6
	65	0	4	0	0	4
	66	0	2	0	0	2
	67	0	4	0	0	4
	68	0	3	0	0	3
	69	0	1	0	0	1
	71	2	0	0	0	2
	72	1	0	0	0	1
	75	1	0	0	0	1
	76	1	0	0	0	1
	77	1	0	0	0	1
	81	1	0	0	0	1

ISGSA Standard score		Psychologists' assessment of IQ				Total
		Borderline	Mild ID	Moderate ID	Severe ID	
	83	1	0	0	0	1
Total		8	148	113	52	321

6.4.11. Cross tabulation of VABS II standard score and the psychologists' assessment of IQ.

Table 6.2. gives a tabulated comparison of the VABS II score (AF) to the psychologists' assessment of IQ Level. The highlighted areas indicate where these are within the confidence interval of +/- 5 points (green) and which scores are beyond that boundary (cerise) according to the criteria described above. A modest correlation is expected. (Refer to the earlier described correlation.) In 103 (32%) of assessments the IQ range varied from the VABS II score range by more than the confidence interval of +/- 5.

Table 6.2.

Cross Tabulation of the VABS II Overall Standard Score with the Psychologists' Assessment of IQ

VABS II Overall Standard Score		Psychologists' assessment of IQ				Total
		Borderline	Mild ID	Moderate ID	Severe ID	
	20	0	0	13	17	30
	21	0	1	3	5	9
	22	0	1	2	2	5
	23	0	0	1	2	3
	24	0	0	2	1	3
	25	0	2	3	1	6
	26	0	1	3	0	4

	28	0	0	1	0	1
	29	0	3	1	1	5
	30	0	1	2	0	3
	31	0	0	1	1	2
	32	0	0	2	2	4
	33	0	1	0	0	1
	34	0	2	1	2	5
	35	0	2	4	1	7
	36	0	0	1	3	4
	38	0	1	0	0	1
	40	0	1	2	1	4
	41	0	1	2	1	4
	42	0	2	0	0	2
	44	0	1	1	1	3
	45	0	0	1	1	2
	46	0	0	4	4	8
	47	0	0	2	1	3
	48	0	3	1	0	4
	49	0	2	5	1	8
	50	0	2	3	0	5
	51	0	1	2	0	3
	52	0	2	7	0	9
	53	0	3	3	1	7
	54	0	4	6	2	12
	55	0	2	1	0	3
	56	0	4	3	1	8
	57	1	8	6	0	15
	58	1	11	11	0	23
	59	0	7	3	0	10

	60	0	13	1	0	14
	61	1	16	7	0	24
	62	0	12	1	0	13
	63	1	9	0	0	10
	64	0	10	0	0	10
	65	0	4	0	0	4
	66	0	5	1	0	6
	67	0	3	0	0	3
	68	0	2	0	0	2
	69	0	1	0	0	1
	70	1	1	0	0	2
	71	2	0	0	0	2
	73	0	1	0	0	1
	74	1	0	0	0	1
	75	0	1	0	0	1
	77	0	1	0	0	1
Total		8	148	113	52	321

The results will be discussed further in the following chapter (section 7.4., p.236.).

6.4.12. Cross tabulation of VABS II standard score and the psychologists' assessment of adaptive functioning.

Table 6.3. compares the numbers of clients in each range as assessed by the VABS II and the psychologists' assessment of AF. Of note is the difference in number of people assessed as falling in the range of severe AF by the psychologists (47) and the VABS II scores (81) highlighted in cerise.

Table 6.3.

Comparison of the VABS II Overall Composite Range with the Psychologists' Assessment of Range of AF

		Psychologists' Assessment of Adaptive Functioning				Total
		Borderline	Mild	Moderate	Severe	
VABS II Range	Borderline	6	2	0	0	8
	Mild	1	172	8	1	182
	Moderate	0	10	38	2	50
	Severe	0	14	23	44	81
Total		7	198	69	47	321

Table 6.4. gives a tabulated comparison of the VABS II standard score to the psychologists' assessment of AF range. The highlighted areas indicate where these are within the confidence interval of +/- 5 points (green) and which scores are beyond that boundary (cerise) according to the criteria described previously. A strong correlation is expected. (Refer to the earlier described correlation.) In 45 (14%) assessments, the AF range, as reported by the psychologist, varied from the VABS II score range by more than the confidence interval of +/- 5.

Table 6.4.

Cross Tabulation of the VABS II Overall Composite Score with the Psychologists' Assessment of AF

		Psychologists' Assessment of Adaptive Functioning				Total
		Borderline	Mild	Moderate	Severe	
VABS II Overall Standardised Score	20	0	0	8	22	30
	21	0	0	4	5	9
	22	0	0	2	3	5
	23	0	0	0	3	3

		Psychologists' Assessment of Adaptive Functioning				Total
		Borderline	Mild	Moderate	Severe	
	24	0	0	1	2	3
	25	0	3	2	1	6
	26	0	0	3	1	4
	28	0	0	0	1	1
	29	0	3	1	1	5
	30	0	3	0	0	3
	31	0	0	1	1	2
	32	0	1	1	2	4
	33	0	1	0	0	1
	34	0	3	0	2	5
	35	0	2	5	0	7
	36	0	1	2	1	4
	38	0	1	0	0	1
	40	0	1	2	1	4
	41	0	1	3	0	4
	42	0	2	0	0	2
	44	0	1	2	0	3
	45	0	0	2	0	2
	46	0	0	8	0	8
	47	0	0	3	0	3
	48	0	0	4	0	4
	49	0	1	7	0	8
	50	0	3	2	0	5
	51	0	2	1	0	3
	52	0	6	3	0	9
	53	0	7	0	0	7
	54	0	12	0	0	12

		Psychologists' Assessment of Adaptive Functioning				Total
		Borderline	Mild	Moderate	Severe	
	55	0	3	0	0	3
	56	1	6	1	0	8
	57	0	14	1	0	15
	58	0	23	0	0	23
	59	0	10	0	0	10
	60	0	14	0	0	14
	61	0	23	0	1	24
	62	0	13	0	0	13
	63	0	10	0	0	10
	64	0	10	0	0	10
	65	0	4	0	0	4
	66	0	6	0	0	6
	67	0	3	0	0	3
	68	0	2	0	0	2
	69	0	1	0	0	1
	70	1	1	0	0	2
	71	2	0	0	0	2
	73	1	0	0	0	1
	74	1	0	0	0	1
	75	1	0	0	0	1
	77	0	1	0	0	1
Total		7	198	69	47	321

The results will be discussed further in the following chapter (section 7.4., p.236.).

6.5. Results of the Clinical Item Analysis

This section provides results for the following research questions:

Question Four: to identify what useful qualitative information is used and reported in the psycho-legal reports from the items in the VABS II.

Question Five: to examine and compare the VABS II published in 2005 with the third edition Vineland-3, (VABS 3) published in 2016, using the change in item additions and modification in the new edition.

Question Six: to examine and identify those items in the VABS II which may need contextual and linguistic adaptation for this group of clients and to assess to what extent these have been addressed or adapted in the 2016 edition of the VABS 3.

The following results are synthesised from a number of sources of data:

- The data from the clinical item analysis of the VABS II survey interview form where seven psychologists, who have been involved in the SAVE programme, identified useful items and difficult items and further classified the difficulty as cultural, no opportunity or linguistic.
- The transcription of the discussion which followed by five psychologists involved in the clinical assessments, regarding the useful and difficult items in the VABS II.
- The data from a sample of psycho-legal reports, (n=65) whereby information from items in the VABS II, used within the body of the report, was analysed and classified. This included analysis of difference in terms of developmental sequence with children under 12 years (n=15), adolescents between 13 and 18 years (n=23) and adults over 18 years (n=27).
- Clinical item analysis of scores of the full sample (n=321) highlighting “Don’t know” or “No opportunity” responses as these were hypothesised as tagging items which are difficult to score in this group of people.
- Comparison of the items of the VABS II and the VABS 3.

The results provide the framework for the later discussion (sections 7.5., 7.6. and 7.7., p.242-256.). The results will be presented by domain and subdomain, following the order of the survey interview form. Each subdomain is referenced to the page in the appendix for reference to the content of the item and hyperlinked in the electronic version.

6.5.1. Communication: Receptive. (Appendix C, p. 330)

6.5.1.1. Results of psychologists' discussion.

- Assessment using the items pertaining to following instruction was particularly helpful in reference to helping the court understand the client's limitations in terms of questioning in court and the need to keep questions simple and singular.
- Evaluation of attention and concentration was also highlighted as important for the court process.
- A general point is made about the VABS II eliciting "things…that maybe one wouldn't necessarily talk about in a general history taking, that it…brings to light…that are useful in terms of having a picture of this person that you are representing in court". (P5)
- Difficulties were mentioned in relation to understanding of idiomatic speech (Item 18) and that it is helpful to have colloquial examples, especially in different languages and that using colloquial examples can help the respondent understand what you are asking.

Table 6.5.

Clinical Item Analysis of the Receptive Communication Subdomain of the VABS II

VABS II Receptive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7) (Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Understanding	Deleted								
2 Listening & attending	Repeated								
3 Understanding	Repeated								
4 Understanding	Adapted								
5 Understanding	Adapted	1/5							
6 Listening & attending	Deleted		3%	13%			N/O 1/7		Yes
7 Understanding	Repeated		1.5%	6.6%					
8 Understanding	Adapted								
9 Listening & attending	Adapted	5/7	18.5%	13%	8,7%	**25.9%**			
10 Following instructions	Repeated	5/7	**21.5%**	**20%**	13%	**25.9%**			
11 Understanding	Deleted	3/7	3%	6.6%	4.3%				
12 Following instruction	Adapted	4/7	**27.7%**	**20%**	17.4%	**33.3%**			

VABS II Receptive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7) (Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
13 Following instructions	Repeated	4/7	**20%**	**20%**	**26.1%**	**22.2%**		1 D/K	
14 Listening & attending	Repeated	3/7	15.4%	13%	**26.1%**	7.4%	N/O 1/7		Retained
15 Listening & attending	Adapted		16.9%	**20%**	**26.1%**	7.4%	N/O 1/7	7 D/K	Adjusted
16 Following instructions	Repeated	5/7	**21.5%**	**20%**	**21.7%**	**22.2%**		1 D/K	
17 Listening & attending	Deleted	3/7	**21.5%**	**20%**	**21.7%**	**22.2%**		2 D/K	
18 Understanding	Deleted		1.5%		4.3%		L 2/7	15 D/K (4.7%)	Yes
19 Listening & attending	Adapted		4.6%		8.7%	3.7%		6 D/K	
20 Listening & attending	Adapted		3%		8.7%			6 D/K	
NOTES:	Repeated items include those with minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural		

6.5.1.2. Summary of clinical item analysis of the receptive communication subdomain.

- Differentiation of scores starts from Item 6.

- Two of the items (6 and 18) identified as difficult by the psychologists have been deleted from the VABS 3.
- Difficulty with two items (14 and 15) was related to never having been read stories therefore no opportunity offered. The VABS 3 retains the first item related to attention to a story for 15 minutes but adapts Item 15 to paying attention to a television show for 30 minutes.
- Five items are reported on extensively (>20%) in the psycho-legal report (10, 12, 13, 16 and 17). Six items are used extensively in child reports (including Item 15), five items for adolescents (13-17) and six items in adult reports (including Item 9).
- Five items were described as useful by the majority of the psychologists (9, 10, 12, 13 and 16).
- The results correlate with the discussion regarding the percentage reporting of items and marked as useful related to listening and attending (Items 9, 14, 15 and 17) and following instructions (Items 10, 12, 13 and 16). Description in the report relates to what a person both can and cannot do, thus defining a limited capacity.
- The spread of percentage reporting is understood to reflect differing levels of ability in terms of individual clients and developmental sequencing through childhood into adulthood.

6.5.2. Communication: Expressive. (Appendix C, p. 331)

6.5.2.1. Results of psychologists' discussion.

- For a person with a limited vocabulary, Items 20 and 26, which ask if the person can say 50 or 100 recognisable words respectively, help to quantify this. It further informs further test choice in terms of the assessment with regards to the use of a non-verbal IQ test.

- The usefulness of Item 38 was emphasised as to whether the person speaks clearly without sound substitutions. This is an important observation to note in relation to testifying in court. (Note: This item has been deleted in the VABS 3.)
- Items 24, 39, 42 and 43 relate to the person's ability to give a narrative account of their experience and giving directions. This is useful for assessment regarding the ability to testify in court.
- Exploring goal setting was identified as useful (Item 52 and 54) "…it's very helpful to say that although this person might have a Standard 6 [primary school] education, they're sitting at home doing nothing, they don't have any sense of how they might want to work if they didn't work". (P1)
- The use of prepositions, tenses, plurals, possessives and pronouns was identified as very "English orientated" and "…not terribly friendly for cross cultural language stuff". (P1) (Items 27, 32, 33, 34, 36, 37, 44, 50). They question that, in different languages, these skills might develop in a different linguistic and developmental sequence.
- They identify the remembering of telephone numbers as asked in Item 45 as changing with the common use of cell phones and referencing numbers by name rather than having to enter a number sequence. (This item has been deleted in the VABS 3.)
- Item 51, which requires knowing your full home address, was identified as both important and difficult. The difficulty is that of no opportunity (N/O) as many of the clients live on rural farms and have not been taught a formal address. They also discussed what would qualify contextually for people living on a rural farm, i.e., knowing the name of the farm and the local area as being "good enough" (P3) to score the item. There was also discussion regarding whether the intention was

knowing your postal address or "if you got lost, you could tell someone where you lived". (P5) There was some discussion as to whether that met criteria as the VABS II manual states "the individual must state the address as it would be written on an envelope" (Sparrow et al., 2005, p. 305). The zip or postal code is optional. (Refer to section 7.7.4. for further discussion.)

Table 6.6.

Clinical Item Analysis of the Expressive Communication Subdomain of the VABS II

VABS II Expressive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Pre-speech expression	Repeated								
2 Pre-speech expression	Moved to Interpersonal relationships subdomain								
3 Pre-speech expression	Repeated								
4 Pre-speech expression	Adapted								
5 Pre-speech expression	Repeated								
6 Pre-speech expression	Repeated								
7 Pre-speech expression	Condensed and adapted*								
8 Beginning to talk	Repeated								

VABS II Expressive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
9 Pre-speech expression	Condensed and adapted*								
10 Pre-speech expression	Condensed and adapted*								
11 Beginning to talk	Repeated	1/7							
12 Beginning to talk	Repeated	1/7							
13 Beginning to talk	Repeated	1/7							
14 Interactive speech	Repeated	1/7							
15 Beginning to talk	Deleted	3/7	1.5%	6.6%					
16 Beginning to talk	Repeated	1/7							
17 Interactive speech	Repeated	1/7							
18 Beginning to talk	Repeated	1/7							
19 Interactive speech	Deleted	1/7						2 D/K	
20 Beginning to talk	Repeated	3/7							
21 Speech skills	Repeated	6/7							
22 Interactive speech	Deleted	2/7							

VABS II Expressive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
23 Beginning to talk	Repeated	1/7	1.5%			3.7%			
24 Beginning to talk	Adapted	6/7	4.6%		4.3%	7.4%			
25 Interactive speech	Adapted	6/7	**30.8%**	**46.7%**	**21.7%**	**29.6%**			
26 Beginning to talk	Deleted	3/7							
27 Speech skills	Repeated	1/7	3%	6.6%	4.3%			2 D/K	
28 Speech skills	Repeated	1/7	3%	6.6%	4.3%		1/7 L		Retained
29 Interactive speech	Repeated	5/7	9.2%	**20%**	4.3%	7.4%		1 D/K	
30 Speech skills	Deleted	5/7	9.2%	6.6%	4.3%	14.8%		1 D/K	
31 Interactive speech	Expanded		3%	6.6%	4.3%		2/7 L	1 D/K	Adjusted
32 Speech skills	Deleted		10.8%	**20%**	8.7%	7.4%	6/7 L	10 D/K (3.1%)	Yes
33 Speech skills	Repeated		4.6%	13.3%	4.3%		4/7 L	13 D/K (4%)	Retained
34 Speech skills	Repeated		7.7%	**20%**	4.3%	3.7%	3/7 L	11 D/K (3.4%)	Retained
35 Interactive speech	Repeated		6.2%	6.6%	4.3%	7.9%	2/7 L		Retained
36 Speech skills	Repeated	1/7	13.8%	**20%**	8.7%	14.8%	5/7 L	7 D/K	Retained

VABS II Expressive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
37 Speech skills	Condensed and adapted#	1/7	9.2%	13.3%	4.3%	11%	3/7 L	22 D/K (6.7%)	Adjusted
38 Speech skills	Deleted	6/7	18.5%	**26.7%**	**21.7%**	11%	1/7 L	1 D/K	Yes
39 Expressing complex ideas	Repeated	6/7	16.9%	**26.7%**	13%	14.8%		6 D/K	
40 Interactive speech	Repeated	4/7	**47.7%**	**40%**	**60.9%**	**40.7%**	1/7 C		Retained
41 Speech skills	Moved to interpersonal relationships subdomain	1/7	10.8%	13.3%	17.4%	3.7%		13 D/K (4%)	Retained
42 Expressing complex ideas	Adapted	6/7	**35.4%**	**33.3%**	**30.4%**	**40.7%**		1 D/K	
43 Expressing complex ideas	Adapted	2/7	4.6%	6.6%	8.7%			5 D/K	
44 Speech skills	Condensed and adapted#	1/7	9.2%	6.6%	4.3%	14.8%	3/7 L	28 D/K (8.7%)	Adjusted
45 Interactive speech	Deleted	3/7	12.3%	6.6%	17.4%	11%	3/7 N/O	5 D/K	Yes
46 Interactive speech	Moved to interpersonal relationships subdomain	2/7	12.3%		8.7%	**22.2%**		5 D/K	
47 Interactive speech	Moved to interpersonal	5/7	15.4%	13.3%	8.7%	**22.2%**		4 D/K	

VABS II Expressive communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
	relationships subdomain								
48 Expressing complex ideas	Deleted	2/7	3%		4.3%	3.7%	1/7 C	7 D/K	Yes
49 Speech skills	Deleted	4/7	13.8%	6.6%	8.7%	22.2%		3 D/K	
50 Speech skills	Deleted		1.5%	6.6%			6/7 L	16 D/K (5%)	Yes
51 Interactive speech	Repeated	3/7	**32.3%**	13.3%	**43%**	**33.3%**	4/7 N/O		Retained
52 Expressing complex ideas	Moved to community subdomain	2/7						2 D/K	
53 Expressing complex ideas	Adapted	2/7						1 D/K	
54 Expressing complex ideas	Moved to community subdomain	1/7					1/7 C	1 D/K	Retained
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural		

6.5.2.2. Summary of clinical item analysis of the expressive communication subdomain.

- Differentiation of scores starts from Item 14.
- Five of the items (32, 38, 45, 48 and 50) identified as difficult by the psychologists have been deleted from the VABS 3.
- Nine of the items (28, 33, 34, 35, 36, 40, 41, 51, 54) identified as difficult by the psychologists have been retained in the VABS 3. Item 51 is reported extensively in adolescents and adults (>33%). It related to being able to say their complete address. The psychologists' discussion identified the difficulty and the importance of this as an expressive life skill.
- Three of the items (31, 37 and 44) identified as difficult by the psychologists have been adjusted in the VABS 3.
- Items reported on extensively in the psycho-legal report included numbers 25 (>30%), 40 (>40%), 42 (> 30%) and 51 (>30%), the latter particularly in adults and adolescents.
- Six items (29, 32, 34, 36, 38 and 39) were used in more than 20% of the reports for children.
- One item (38) was used in more than 20% of the reports for adolescents.
- Items 46, 47 and 49 were used in more than 20% of the reports for adults.
- There were eleven items with which the psychologists identified linguistic difficulties.

6.5.3. Communication: Written. (Appendix C, p. 334)

6.5.3.1. Results of psychologists' discussion.

- The usefulness of this subdomain was quantifying the person's level of reading and writing skill "a kind of level to peg it at". (P2)

- One psychologist identified the need to check and show people a page with numbers and letters to score Item 1 to see if they could distinguish them, as many times the caregiver would underestimate this skill. (P3)
- A general difficulty with this domain was that "exposure to education opportunity" (P5) was very influential and discriminated in this group as many, particularly in the rural areas had had little or no exposure to education.
- Item 19, requiring writing "complete mailing and return addresses on letters or packages" (VABS II Survey Interview Form Communication Written, 2005, p. 9) was identified as "people just don't do that kind of thing". (P2)

Table 6.7.

Clinical Item Analysis of the Written Communication Subdomain of the VABS II

VABS II Written communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Beginning to Read	Repeated	5/7	**27.7%**	**20%**	17.4%	**40.7%**			
2 Beginning to Read	Repeated	5/7	**24.6%**	**26.6%**	13%	**33%**			
3 Beginning to Read	Repeated	5/7	**30.8%**	**33.3%**	17.4%	**40.7%**		1 D/K	
4 Writing skills	Adapted	5/7	**26%**	**26.6%**	13%	**37%**			
5 Writing skills	Repeated	4/7	**26%**	**26.6%**	13%	**37%**			
6 Beginning to Read	Repeated	5/7	**43%**	**40%**	**39.1%**	**48.1%**		4 D/K	
7 Writing skills	Repeated	4/7	**38.5%**	**33.3%**	**30.4%**	**48.1%**		2 D/K	
8 Writing skills	Repeated	7/7	**52.3%**	**60%**	**56.5%**	**44.4%**			

VABS II Written communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
9 Beginning to Read	Repeated	5/7	**43%**	**46.7%**	**39.1%**	**44.4%**		1 D/K	
10 Writing skills	Repeated	5/7	**32.3%**	**40%**	**26%**	**33%**		2 D/K	
11 Beginning to Read	Adapted	5/7	**23%**	13.3%	**21.7%**	**29.6%**	1/7N/O	2 D/K	Adjusted
12 Writing skills	Adapted	4/7	15.4%	6.7%	17.4%	18.5%			
13 Writing skills	Repeated	5/7	7.7%		13%	7.4%		2 D/K	
14 Reading skills	Adapted	6/7	**27.7%**	13.3%	**43.5%**	**22.2%**		2 D/K	
15 Reading skills	Adapted	1/7	3%		4.3%	3.7%	2/7 N/O	4 D/K	Adjusted
16 Writing skills	Repeated	1/7	4.6%		13%		1/7N/O	3 D/K	Retained
17 Reading skills	Adapted	5/7	13.8%	6.7%	13%	18.5%			
18 Writing skills	Adapted	1/7					1/7N/O	1 D/K	Adjusted
19 Writing skills	Deleted	1/7					3/7N/O	1 D/K	Yes
20 Reading skills	Adapted	2/7						1 D/K	
21 Writing skills	Repeated						1/7N/O		Retained
22 Writing skills	Adapted						1/7N/O		Adjusted

VABS II Written communication items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
23 Reading skills	Adapted	1/7							
24 Reading skills	Deleted						1/7N/O		Yes
25 Writing skills	Adapted						1/7N/O		Adjusted
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural		

6.5.3.2. Summary of the clinical item analysis of the written communication domain.

- Differentiation of scores starts from Item 1.
- Two of the items (19 and 24) identified as difficult by the psychologists have been deleted from the VABS 3. Neither item was used or referenced in the psycho-legal report.
- Two of the items (16 and 21) identified as difficult by the psychologists have been retained in the VABS 3. In both cases only one of the seven psychologists described a difficulty of no opportunity. This may relate to a contextual issue of exposure to educational opportunity.

- Five of the items (11, 15, 18, 22 and 25) identified as difficult by the psychologists have been adjusted in the VABS 3.
- Items 1-11 and 14 are extensively used in the psycho-legal reports. All pertain to early reading and writing skills. In children there is a greater referencing to early items as expected developmentally using Items 1-10, in adolescents Items 6-11 and 14 are used in more than 20% of the reports. However, in adults the earlier items are used with Items 1-11 and 14 being used in more than 20% of the reports. This may also reflect a lack of opportunity in terms of access to education as discussed by the psychologists for this age group.
- Items 1-14 and 17 were rated as useful by the majority of the seven psychologists. This subdomain is reported extensively in the psycho-legal reports with Item 8, requiring the person to write their own first and last name from memory, being referred to in 52.3% of the reports.

6.5.4. Daily Living Skills: Personal. (Appendix C, p. 335)

6.5.4.1. Results of psychologists' discussion.

- There was agreement that all the items that give "levels of how they can look after themselves" in terms of eating, dressing, toileting "…they are all helpful". (P2)
- Item 23 was discussed in relation to cultural valuing of eating correctly with a knife, fork and spoon, but that in some homes spoons are used with little use of knife or fork to eat. One psychologist described exploring the use in terms of utility: "…can they butter their own bread and cut their meat". (P5)
- Item 30, regarding being able to turn taps on and adjusting temperature by adding hot or cold water, was discussed with regard to access to water. The point was made that "…adding it [hot water] from a tap is much safer than carrying a kettle

to a basin of water". (P5) This is at a six-year-old level "and you would never ask a six-year-old to do that". (P2)

- Item 34 requires washing and drying of hair with a towel or hair dryer. Again different types of hair require different levels of skills "…for some people it's much more difficult to brush [or wash] your hair because your hair is much tighter…so you need an adult to do it for longer" and that "sometimes people have shaved heads, so they don't need to wash hair". (P5)
- Item 36 to 40 regarding health care were described as difficult to assess if the person had been "…really healthy their whole lives and haven't needed to take medication and there hasn't been an opportunity". (P2)

Table 6.8.

Clinical Item Analysis of the Personal Daily Living Skills Subdomain of the VABS II

VABS II Personal Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Eating and Drinking	Retained								
2 Eating and Drinking	Retained								
3 Eating and Drinking	Retained								

VABS II Personal Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
4 Eating and Drinking	Retained	1/7							
5 Toileting	Retained		1.5%	6.7%					
6 Eating and Drinking	Retained	1/7							
7 Eating and Drinking	Deleted								
8 Dressing	Retained	1/7	1.5%	6.7%			1/7 C		Retained
9 Dressing	Retained	1/7	3%	6.7%	4.3%		1/7 C		Retained
10 Eating and Drinking	Retained	2/7	3%		8.6%		3/7 C		Retained
11 Eating and Drinking	Retained	1/7	1.5%		4.3%				
12 Eating and Drinking	Retained	3/7	6.2%		13%	3.7%			
13 Toileting	Adapted	2/7	6.2%	6.7%	13%		1/7 C		Adjusted
14 Dressing	Retained	2/7	6.2%	6.7%	8.6%	3.7%			
15 Toileting	Deleted	2/7	6.2%	6.7%	8.6%	3.7%	1/7 C		Yes
16 Toileting	Retained	1/7	6.2%	6.7%	13%				
17 Toileting	Adapted	4/7	**38.5%**	**46.7%**	**30.4%**	**40.7%**			
18 Dressing	Deleted	3/7	**35.4%**	**33.3%**	**26%**	**44.4%**			
19 Health Care	Adapted	3/7	15.4%	13.3%	**26%**	7.4%	1/7 C		Adjusted

VABS II Personal Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
20 Toileting	Adapted	4/7	**47.7%**	**46.7%**	**47.8%**	**48.1%**		1 D/K	
21 Dressing	Adapted	3/7	**50.8%**	**53.3%**	**52.2%**	**48.1%**		1 D/K	
22 Dressing	Retained	2/7	**43%**	**33.3%**	**52.2%**	**40.7%**		3 D/K	
23 Eating and Drinking	Deleted	1/7	**36.9%**	**53.3%**	**30.4%**	**33%**	6/7 C	4 D/K	Yes
24 Bathing	Adapted	4/7	**55.4%**	**60%**	**56.5%**	**51.9%**	1/7 C	1 D/K	Adjusted
25 Grooming	Retained	5/7	**49.2%**	**40%**	**47.8%**	**55.6%**	1/7 C	1 D/K	Retained
26 Dressing	Retained	4/7	**66.2%**	**66.6%**	**65.2%**	**66.6%**	1/7 C	1 D/K	Retained
27 Health Care	Retained	1/7	18.5%	13.3%	**21.7%**	18.5%			
28 Dressing	Retained	5/7	**72.3%**	**73.3%**	**69.6%**	**74.1%**	1/7 C		Retained
29 Dressing	Retained	5/7	**72.3%**	**73.3%**	**65.2%**	**77.8%**	1/7 C		Retained
30 Bathing	Retained	4/7	**24.6%**	**26.6%**	**30.4%**	18.5%	2/7 C	6 D/K	Retained
31 Dressing	Retained	5/7	**81.5%**	**73.3%**	**82.6%**	**85.2%**	1/7 C		Retained
32 Bathing	Adapted	6/7	**90.7%**	**93.3%**	**82.6%**	**96.3%**	1/7 C		Retained
33 Toileting	Adapted	3/7	12.3%		**21.7%**	11.1%	1/7 C	21D/K (6.5%)	Adjusted
34 Grooming	Adapted	5/7	**67.7%**	**66.6%**	**60.8%**	**74.1%**	4/7 C	1 D/K	Adjusted
35 Health Care	Deleted	2/7	9.2%		13%	11.1%		4 D/K	
36 Health Care	Adapted	1/7	13.8%		17.4%	18.5%	1/7 N/O	3 D/K	Adjusted
37 Health Care	Adapted		10.8%		13%	14.8%	4/7 N/O	3 D/K	Adjusted
38 Health Care	Deleted	2/7	10.8%		13%	14.8%		1 D/K 8 N/O	Yes

VABS II Personal Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
39 Health Care	Deleted	1/7	9.2%		8.6%	14.8%	1/7 N/O	9 N/O	Yes
40 Health Care	Retained	1/7	3%		4.3%	3.7%	2/7 N/O		Retained
41 Health Care	Adapted	1/7	1.5%		4.3%		2/7 N/O		Adjusted
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural		

6.5.4.2. Summary of the clinical item analysis of the personal daily living skills subdomain.

- Differentiation of scores starts from item 8.
- Four of the items (15, 23, 38 and 39) identified as difficult by the psychologists have been deleted from the VABS 3. Item 23, regarding eating utensil use was raised by six of the seven psychologists as culturally inappropriate.
- Nine of the items (8, 9, 10, 25, 26, 28, 29, 30 and 40) identified as difficult by the psychologists have been retained in the VABS 3. Of these, four (25, 26, 28, 29) are reported on extensively in the reports and were reported by one psychologist as a culturally related difficulty. Item 30 was discussed by the psychologists and

relates to access to running water and socioeconomic conditions in terms of using taps (faucets) to adjust hot and cold water.

- Eight of the items (13, 19, 24, 33, 34, 36, 37 and 41) identified as difficult by the psychologists have been adjusted in the VABS 3.
- Fifteen of the items are extensively used in all the psycho-legal reports. Fifteen items are referred to in the child reports, 18 are used extensively in adolescent reports and 14 in adult reports. In all, 81.5% of reports referred to the ability to be able to choose clothing appropriate to the weather (Item 31) and 90.7% referred to the level of independence in terms of washing themselves (Item 32).
- Eleven items (17, 20, 24, 25, 26, 28, 29, 30, 31, 32, and 34) were rated as useful by the majority of the seven psychologists. This subdomain is reported extensively in the psycho-legal reports and is discussed by the psychologists as very useful.

6.5.5. Daily Living Skills: Domestic. (Appendix C, p. 337)

6.5.5.1. Results of psychologists' discussion.

- Many items are helpful as the skills are "easy to relate to…paint a picture of functioning…very helpful". (P5)
- Reference to the "table" was often inappropriate, needing to first ascertain where people eat their meals and if they have a table and then to adapt the questioning around that. (P1)
- Household products are sometimes limited in very poor households with families using a bar of soap for all cleaning, so the Item 16 asking about household products being used correctly can need a no opportunity option.

Table 6.9.

Clinical Item Analysis of the Domestic Daily Living Skills Subdomain of the VABS II

VABS II Domestic Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Safety at Home	Retained	4/7	4.6%	13.3%	4.3%			1 D/K	
2 Kitchen chores	Adapted	5/7	**20%**	**26.7%**	**33.3%**	14.8%	1/7 N/O 1/7 C		Adjusted
3 Kitchen chores	Deleted	3/7	16.9%	**26.7%**	17.4%	11.1%			
4 Housekeeping	Combined and adapted*	3/7	7.8%		8.7%	11.1%			
5 Housekeeping	Combined and adapted*	3/7	9.2%	13.3%		14,8%		2 D/K	
6 Safety at Home	Retained	4/7	3.1%	6.7%		3.7%		2 D/K	
7 Kitchen chores	Adapted	4/7	18.5%	**20%**	**33.3%**	14.8%	3/7 N/O 1/7 C		Adjusted
8 Kitchen chores	Deleted	6/7	**56.9%**	**33.3%**	**65.2%**	**59.3%**			
9 Kitchen chores	Combined and adapted#	6/7	15.4%	6.7%	13%	**22.2%**	1/7 N/O	1 D/K	Adjusted
10 Kitchen chores	Combined and adapted#	5/7	4.6%	6.7%		7.4%	1/7 N/O	1 D/K 61 N/O	Adjusted
11 Housekeeping	Retained	4/7	**30.8%**	13.3%	**30.4%**	**40.7%**		1D/K	

VABS II Domestic Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
12 Housekeeping	Deleted	3/7	10.8%		8.7%	18.5%	2/7 N/O	9 D/K	Yes
13 Kitchen chores	Retained	7/7	**73.8%**	**60%**	**82.6%**	**74.1%**		1 D/K	
14 Housekeeping	Retained	7/7	**73.8%**	**60%**	**78.3%**	**77.8%**			
15 Kitchen chores	Adapted	3/7	**27.7%**	6.7%	**34.8%**	**33.3%**	2/7 N/O 1/7 C	3 D/K	Adjusted
16 Housekeeping	Retained	2/7	**43.1%**	**20%**	**52.2%**	**48.1%**	1/7 N/O	6 D/K	
17 Kitchen chores	Deleted	6/7	**55.4%**	**26.7%**	**60.9%**	**66.7%**			
18 Housekeeping	Deleted	4/7	**30.8%**	13.3%	**30.4%**	**40.7%**			
19 Kitchen chores	Adapted	3/7	7.7%		8.7%	11.1%		3 D/K	
20 Kitchen chores	Retained	5/7	**46.2%**	**33.3%**	**47.8%**	**51.9%**	1/7 N/O	1 D/K	
21 Kitchen chores	Deleted	3/7	**27.7%**	13.3%	**34.8%**	**29.6%**	1/7 N/O		Yes
22 Housekeeping	Adapted	5/7	**33.8%**	13.3%	**39.1%**	**40.7%**			
23 Housekeeping	Adapted	2/7	4.6%		4.3%	7.4%		1 D/K	Adjusted
24 Kitchen chores	Adapted	4/7	10.8%		17.4%	11.1%			
NOTES:	Repeated items include		Items scoring over	Items scoring over	Items scoring over 20%		N/O – No Opportunity		

VABS II Domestic Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
	minor wording changes		20% noted in text	20% noted in text	noted in text		L – Linguistic C – Cultural		

6.5.5.2. Summary of the clinical item analysis of the domestic daily living skills subdomain.

- Differentiation of scores starts from Item 1.
- One of the items (12) identified as difficult by the psychologists, asking about the use of tools, has been deleted from the VABS 3. Three items about the increasing involvement in the preparation of food (8, 17 and 12) have been deleted. All of these were used extensively in the psycho-legal reports. In the VABS 3 the items refer to making a snack, preparing and eating leftovers and then preparing a full meal as items of increasing difficulty.
- Five of the items (2, 7, 9, 10 and 15) identified as difficult by the psychologists have been adjusted in the VABS 3. Two items (16 and 20) have been retained but are used extensively in the reports.
- Twelve of the items are extensively used (>20%) in all the psycho-legal reports (2, 8, 11, 13, 14, 15, 16, 17, 18, 20, 21 and 22). Nine items are used extensively in the child reports (2, 3, 7, 8, 13, 14, 16, 17 and 20), 13 items are used in adolescent reports (2, 7, 8, 11, 13, 14, 15, 16, 17, 18, 20, 21 and 22) and 12 items in adult reports (8, 9, 11, 13, 14, 15, 16, 17, 18, 20, 21 and 22). More than 50% of the

information gleaned is referred to in the psycho-legal report. In all, 73.8% of the reports referred to the ability to wash dishes and the cleaning of floors.

- Fourteen items (1, 2, 6, 7, 8, 9, 10, 11, 13, 14, 17, 18, 20, and 22) were rated as useful by the majority of the seven psychologists. This subdomain is reported extensively in the psycho-legal reports and is discussed by the psychologists as very useful.

6.5.6. Daily Living Skills: Community. (Appendix C, p. 338)

6.5.6.1. Results of psychologists' discussion.

- Many items were useful but particularly those relating to knowledge of time and date. This assists describing the person's limits, in this regard, in relation to the courts expectations around questioning.
- There was reference to "anything to do with safety" in the category of rules, rights and safety. This was also acknowledged to be covered in the Coping Skills subdomain. (P2)
- Item five, which asks about appropriate behaviour whilst riding in a car, was problematic for those who only use public transport, therefore have no opportunity.
- The changing use of landline telephones to cell phones made some of the telephone skills redundant or different.
- Demonstrating the right to personal privacy (Item 15) was highlighted as a culturally determined issue and also relates to space in the home if people are living in informal settlements with the whole family in one room, thus relates to a socioeconomic issue.
- There was discussion about using the South African coins and bank notes when asking about money skills.

- No opportunity was also highlighted regarding exposure to traffic lights and a calendar in very rural areas (Items 20 and 21).
- There was discussion about the lack of community safety delaying many of the skills in terms of independent travel. "Safety stuff impacts a lot… I know that, that person would be doing that [travelling], and they are not [doing that] here, for reasons other than their competence". (P3)
- There was also discussion around curfew (Item 28). Does it require being able to tell the time, or if they are given a more general signal such as supper time or before dark, is that partial competence? The VABS II manual (Sparrow, 2005, p. 314) requires telling the time and returning within half an hour of the agreed time to score fully.

Table 6.10.

Clinical Item Analysis of the Community Daily Living Skills Subdomain of the VABS II

VABS II Community Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Telephone skills	Deleted	2/7	1.5%			3.7%			
2 Telephone skills	Adapted	2/7						2 D/K	
3 Television and radio	Adapted and combined*	4/7						5 N/O	
4 Money skills	Retained	3/7	13.8%	**26.7%**	13%	7.4%		3 D/K	

VABS II Community Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
5 Rules, rights and safety	Retained	1/7					5/7 N/O	16 D/K (5% of sample)	Retained
6 Money skills	Retained	4/7	**32.3%**	**26.7%**	**43.5%**	**25.9%**			
7 Rules, rights and safety	Deleted		3.1%		8.7%		1/7 N/O		Yes
8 Time and Dates	Retained	3/7	**46.2%**	**53.3%**	**56.5%**	**33.3%**			
9 Rules, rights and safety	Deleted	1/7	4.6%	6.7%		7.4%		2 D/K	
10 Computer Skills	Adapted and combined*	1/7						4 D/K 100 N/O (31.2% of sample)	Adjusted
11 Telephone skills	Deleted	3/7	**26.2%**	**33.3%**	17.4%	**29.6%**	1/7 C	4 D/K	Yes
12 Money skills	Retained	5/7	**80%**	**73.3%**	**82.6%**	**81.5%**	1/7 C	6 D/K	Retained
13 Rules, rights and safety	Retained	4/7	9.2%	13.3%	8.7%	7.4%		4 D/K	
14 Time and Dates	Retained	7/7	**64.6%**	**53.3%**	**73.9%**	**63%**		1 D/K	

VABS II Community Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
15 Rules, rights and safety	Retained	3/7	3.1%	13.3%			3/7 N/O 2/7 C	30 D/K (9.3% of sample)	Retained
16 Rules, rights and safety	Retained	5/7	4.6%		13%			4 D/K	
17 Time and Dates	Retained	7/7	**86.2%**	**86.7%**	**87%**	**85.2%**			
18 Money skills	Retained	5/7	**78.5%**	**66.7%**	**82.6%**	**81.5%**	1/7 C	2 D/K	Retained
19 Money skills	Retained	3/7	**78.5%**	**66.7%**	**82.6%**	**81.5%**	1/7 C	1 D/K	Retained
20 Rules, rights and safety	Retained	2/7	4.6%	6.7%	8.7%		4/7 N/O	27 D/K (8.4% of sample)	Retained
21 Time and Dates	Retained	3/7	**56.9%**	**53.3%**	**52.2%**	**63%**	3/7 N/O	3D/K	Retained
22 Money skills	Retained	3/7	6.2%		4.3%	11.1%		3 D/K	
23 Time and Dates	Deleted	5/7	**72.3%**	**73.3%**	**73.9%**	**70.4%**		2 D/K	
24 Telephone skills	Adapted	5/7	**46.2%**	**53.3%**	**39.1%**	**48.1%**	1/7 N/O	1 D/K	Adjusted
25 Restaurant skills	Adapted	1/7					1/7 N/O	2 D/K 50 N/O (15,6% of sample)	Adjusted

VABS II Community Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
26 Money skills	Expanded	4/7	13.8%	6.7%	8.7%	**22.2%**	2/7 N/O	3 D/K	Adjusted
27 Time and Dates	Deleted	4/7	**21.5%**	**20%**	8.7%	**33.3%**		1 D/K	
28 Rules, rights and safety	Moved to a different subdomain	1/7	1.5%			3.7%	1/7 L 1/7 C	1 D/K	Retained
29 Television and radio	Adapted	2/7						1 D/K 1 N/O	
30 Money skills	Retained	5/7	**72.3%**	**66.7%**	**69.6%**	**77.8%**			
31 Computer Skills	Adapted	2/7						2 D/K 28 N/O (8.7% of sample)	Adjusted
32 Money skills	Retained	5/7						1 D/K	
33 Job Skills	Deleted	1/7	1.5%		4.3%		1/7 N/O	4 D/K	Yes
34 Going places independently	Adapted	3/7	7.7%		13%	7.4%	2/7 C		Adjusted
35 Rules, rights and safety	Adapted	2/7					1/7 C	2 D/K	Adjusted
36 Job Skills	Retained	1/7					1/7 N/O	1 D/K	Retained
37 Money skills	Retained						1/7 N/O		Retained

VABS II Community Daily Living Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
38 Going places independently	Adapted	4/7	1.5%		4.3%				
39 Job Skills	Adapted	2/7	1.5%		4.3%		1/7 N/O		Adjusted
40 Job Skills	Moved to a different subdomain						1/7 N/O	2 N/O	Retained
41 Money skills	Adapted	3/7							
42 Job Skills	Deleted						1/7 N/O		Yes
43 Money skills	Adapted						1/7 N/O		Adjusted
44 Money skills	Adapted						1/7 N/O		Adjusted
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural/Cont extual		

6.5.6.2. Summary of clinical item analysis of the community daily living skills subdomain.

- Differentiation of scores starts from Item 1.
- Four of the items (7, 11, 33 and 42) identified as difficult by the psychologists have been deleted from the VABS 3. Safe behaviour in a car is retained (Item 5),

although many clients do not use cars, but rely on public transport such as mini buses, buses, trains as discussed by the psychologists.

- Nine of the items (24, 25, 26, 31, 34, 35, 39, 43, and 44) identified as difficult by the psychologists have been adjusted in the VABS 3. Four difficult items have been retained and are used extensively in the reports (12 - 80%, 18 - 78.5%, 19 - 78.5% and 21 - 56.9%). Seven of the items identified as difficult by the psychologists are not used much in the reports (5, 15, 20, 28, 36, 37, and 40).
- Thirteen of the items are extensively used (>20%) in all the psycho-legal reports (6, 8, 11, 12, 14, 17, 18, 19, 21, 23, 24, 27 and 30). Fourteen items are used extensively in the child (also Item 4) and adult reports (also Item 26) and 11 items in adolescent reports (not Item 11 or 27). Items relating to time and money skills were reported frequently (60-80%).
- Fifteen items (3, 6, 12, 13, 14, 16, 17, 18, 23, 24, 26, 27, 30, 32, and 38) were rated as useful by the majority of the seven psychologists. This subdomain is reported extensively in the psycho-legal reports and is discussed by the psychologists as very useful. Item 23 detailing telling the time by the half hour is deleted in the VABS 3 but was used in 72.3% of the reports.

6.5.7. Socialisation: Interpersonal Relationships. (Appendix C, p. 340)

6.5.7.1. Results of psychologists' discussion.

- Indiscriminate friendliness was discussed and that it is covered in the coping skills subdomain. Its relevance in this context was stressed "…I think the point is terribly important". (P1)
- The items are useful in describing social interaction skills

- The importance of what they do and what they do not do in reference to Item 37 relating to dating behaviour was discussed and the cultural norms which differ relating to dating behaviour.
- The difficulty regarding language in Item 18, of a person repeating phrases heard spoken before, by a parent or adult, was discussed. The suggestion was to ask for examples of things the person might say from the caregiver and they often come up with their own examples rather than having to find language and culturally appropriate examples as the interviewer.
- Discussion included the cultural and subjective nature of personal space as asked in Item 26, regarding keeping a comfortable distance between self and others in social situations. "…it's…about a subjective sense of coming in too close." (P1)

Table 6.11.

Clinical Item Analysis of the Interpersonal Relationship Socialisation Subdomain of the VABS II

VABS II Socialization Interpersonal Relationship Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho -legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Responding to others	Retained								
2 Responding to others	Deleted								
3 Expressing and recognizing emotions	Adapted								

VABS II Socialization Interpersonal Relationship Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho -legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
4 Expressing and recognizing emotions	Retained								
5 Social communicati on	Adapted								
6 Responding to others	Retained							1 D/K	
7 Responding to others	Adapted	2/7							
8 Expressing and recognizing emotions	Retained	3/7							
9 Imitating	Retained							1 D/K	
10 Responding to others	Adapted								
11 Responding to others	Retained	1/7	4.6%	6.7%	4.3%	3.7%			
12 Imitating	Adapted and moved to receptive and expressive communicatio n							1 D/K	

VABS II Socialization Interpersonal Relationship Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho -legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
13 Expressing and recognizing emotions	Adapted	2/7	1.5%			3.7%			
14 Expressing and recognizing emotions	Adapted	3/7	1.5%			3.7%		1 D/K	
15 Friendship	Retained	5/7	**35.4%**	**33.3%**	**52.2%**	**26.1%**			
16 Imitating	Retained	2/7	1.5%			3.7%		4 D/K	
17 Social communicati on	Retained	4/7	6.2%		13%	3.7%			
18 Imitating	Deleted	1/7					3/7 L	21 D/K (6.5% of sample)	Yes
19 Expressing and recognizing emotions	Retained	6/7	12.3%	13.3%	13%	11.1%	1/7 C	2 D/K	Retained
20 Friendship	Retained	5/7	**47.7%**	**53.3%**	**52.2%**	**40.7%**			
21 Imitating	Retained	1/7						6 D/K	
22 Expressing and recognizing emotions	Adapted and combined*	3/7	10.8%	13.3%	17.4%	3.7%		3 D/K	

VABS II Socialization Interpersonal Relationship Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho -legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
23 Thoughtfulness	Adapted and combined*	2/7	13.8%	6.7%	17.4%	14.8%		5 D/K	
24 Expressing and recognizing emotions	Retained	2/7	3.1%		4.3%	3.7%		6 D/K	
25 Expressing and recognizing emotions	Deleted	6/7	6.2%	**20%**		3.7%		2 D/K	
26 Social communication	Retained	4/7	9.2%	13.3%	4.3%	11.1%	2/7 C	6 D/K	Retained
27 Social communication	Retained	3/7	4.6%	6.7%	4.3%	3.7%		4 D/K	
28 Social communication	Retained	4/7	7.7%	6.7%	8.7%	7.4%	1/7 C		Retained
29 Friendship	Deleted	6/7	16.9%	**20%**	8.7%	26.1%	1/7 N/O	1 D/K	Yes
30 Social communication	Deleted	5/7	9.2%	6.7%	8.7%	11.1%		2 D/K	
31 Friendship	Deleted	1/7					1/7 N/O	17 D/K	Yes
32 Social communication	Adapted	2/7	1.5%	6.7%				17 D/K	

VABS II Socialization Interpersonal Relationship Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho -legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
33 Social communicati on	Deleted	3/7	4.6%	6.7%	4.3%	3.7%		2 D/K	
34 Social communicati on	Deleted						1/7 N/O	1 D/K	Yes
35 Social communicati on	Adapted	4/7	4.6%		8.7%	3.5%		2 D/K	
36 Social communicati on	Retained	1/7						1 D/K	
37 Dating	Deleted	2/7	4.6%		13%		2/7 C		Yes
38 Dating	Deleted	1/7	6.2%		13%	3.7%	2/7 C		Yes
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural/Cont extual		

6.5.7.2. Summary of the clinical item analysis of the interpersonal relationship socialisation subdomain.

- Differentiation of scores starts from Item 1.
- Six of the items (18, 29, 31, 34, 37 and 38) identified as difficult by the psychologists have been deleted from the VABS 3.

- Three of the items (19, 26 and 28) identified as difficult by the psychologists have been retained in the VABS 3.
- Two of the items are extensively used (>20%) in all the psycho-legal reports (Item 15 and 20). Both relate to friendship. A further two items are used over 20% of times in the child reports (Items 25 and 29).
- Ten items (15, 17, 19, 20, 25, 26, 28, 29, 30, and 35) were rated as useful by the majority of the seven psychologists. Only two of these were used extensively in the report and three have been deleted from the VABS 3.

6.5.8. Socialisation: Play and Leisure. (Appendix C, p. 342)

6.5.8.1. Results of psychologists' discussion.

- Asking about self-protection by moving away from those who "destroy things or cause injury" was identified as helpful (Item 12). (P1)
- Assessing being able to read non-verbal social cues was useful (Item 23).
- The playing of card or board games requires access and for many clients in poorer communities, those games are not available. There was some discussion around cell phone games which are more accessible but that these lacked the component of social interaction (Items 20 and 26).
- Some of the items regarding going places with friends with and without supervision were difficult to assess in a very rural community as there were limited opportunities due to poverty compounded by the limitations of intellectual disability (Items 21, 27, 29 and 31).
- There was also discussion around poverty of environment influencing opportunity to play and share (Items 9, 11 and 13).

Table 6.12.

Clinical Item analysis of the Play and Leisure Socialisation Subdomain of the VABS II

VABS II Socialization Play and Leisure items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Playing	Retained								
2 Playing	Adapted								
3 Playing	Retained	1/7							
4 Playing	Retained	1/7	1.5%		4.3%				
5 Playing	Adapted								
6 Playing	Adapted and combined*	1/7							
7 Playing	Adapted and combined*	1/7							
8 Playing	Adapted and combined*	1/7						1 D/K	
9 Sharing and cooperating	Retained	2/7	1.5%	6.7%			2/7 N/O	1 D/K	Retained
10 Playing	Retained	2/7							
11 Playing	Retained	1/7					1/7 N/O	3 D/K	Retained
12 Playing	Adapted	6/7	4.6%	6.7%	4.3%	3.7%		5 D/K	
13 Playing	Retained	1/7	3.1%	6.7%		3.7%	1/7 N/O	7 D/K	Retained
14 Playing	Retained	4/7	13.8%	6.7%	13%	18.5%		1 D/K	

VABS II Socialization Play and Leisure items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
15 Sharing and cooperating	Retained	3/7	13.8%	**20%**	4.3%	18.5%		1 D/K	
16 Playing games	Adapted	5/7	4.6%	13.3%		3.7%		3 D/K	
17 Sharing and cooperating	Retained	4/7	13.9%	**20%**	13%	11.1%		3 D/K	
18 Playing games	Adapted and combined#	5/7	9.2%	13.3%	8.7%	7.4%	1/7 N/O	16 D/K (5% of sample)	Adjusted
19 Sharing and cooperating	Retained	4/7	12.3%	**20%**	13%	7.4%		6 D/K	
20 Playing games	Retained	4/7	6.2%	13.3%	4.3%	3.7%	3/7 N/O	6 D/K	Retained
21 Going places with friends	Adapted and combined*#	3/7	10.9%	6.7%	4.3%	18.5%	3/7 N/O		Adjusted
22 Sharing and cooperating	Retained	4/7	7.7%	6.7%	13%	3.7%		11 D/K	
23 Recognizing social cues	Retained	5/7	13.9%	13.3%	13%	14.8%		37 D/K (11.5% of sample)	Retained
24 Playing games	Adapted	3/7	7.7%	6.7%	8.7%	7.4%		8 D/K	
25 Playing games	Adapted	3/7	13.9%	13.3%	26%	3.7%		10 D/K	

VABS II Socialization Play and Leisure items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
26 Playing games	Adapted	1/7	3.1%		4.3%	3.7%	5/7 N/O	3 D/K	Adjusted
27 Going places with friends	Adapted and combined*#	4/7	3.1%		4.3%	3.7%	3/7 N/O	1 D/K	Adjusted
28 Playing games	Adapted and combined#	1/7	1.5%		4.3%			3 D/K	
29 Going places with friends	Retained	1/7	1.5%		4.3%		3/7 N/O		Retained
30 Going places with friends	Retained		1.5%			3.7%	2/7 N/O		Retained
31 Going places with friends	Retained		3.1%		4.3%	3.7%	3/7 N/O		Retained
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural/Contextual		

6.5.8.2. Summary of the clinical item analysis of the play and leisure socialisation subdomain.

- Differentiation of scores starts from Item 1.

- Four items were adjusted which were identified as difficult by the psychologists (18, 21, 26 and 27).
- Eight items which were identified as difficult by the psychologists have been retained (9, 11, 13, 20, 23, 29, 30 and 31).
- This subdomain is not widely reported in the psycho-legal reports with no item being used in more than 20% of the reports. In the child reports, sharing and cooperating was used in 20% (Items 15, 17 and 19) of the reports.
- Nine items were identified as useful by the majority of the psychologists (12, 14, 16, 17, 18, 19, 22, 23 and 27). As in the discussion, recognising social cues was one of the more commonly used items in the report (Item 23 - 13.9%) but also had a large number of D/K responses scored (11.5% of the whole sample) thus indicating difficulty in eliciting caregiver's responses.

6.5.9. Socialisation: Coping skills. (Appendix C, p. 343)

6.5.9.1. Results of psychologists' discussion.

- Many of the items closely relate to the assessment regarding the ability to give consent: "Stop or stays away from relationships or situations that are hurtful or dangerous" (Item 25), "Acts appropriately when introduced to strangers" (Item 11), "Controls anger or hurt feelings when he or she does not get his or her own way" (Item 23 and 17), the items relating to social caution (Item 22, 25 and 29).
- There was only a no opportunity difficulty for one psychologist in relation to changing voice level depending on situation (Item 12), otherwise no difficulties in this subdomain. (P1)

Table 6.13.

Clinical Item Analysis of the Coping Skills Socialisation Subdomain of the VABS II

VABS II Socialization Coping Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho -legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
1 Transitions	Retained	4/7							
2 Manners	Adapted	5/7	6.2%	13.3%		7.4%			
3 Transitions	Adapted	5/7	1.5%			3.7%		2 D/K	
4 Manners	Deleted	2/7						2 D/K	
5 Manners	Adapted	4/7	7.7%	13.3%		11.1%		1 D/K	
6 Manners	Deleted	5/7	1.5%	6.7%					
7 Manners	Moved to Personal Daily Living Skills subdomain	2/7						2 D/K	
8 Transitions	Expanded	6/7	13.8%	6.7%	8.7%	**22.2%**		5 D/K	
9 Apologizing	Adapted	3/7	15.4%	**20%**	13%	14.8%		5 D/K	
10 Controlling impulses	Deleted	1/7	1.5%	6.7%				2 D/K	
11 Manners	Retained	5/7	12.3%	13.3%	13%	11.1%			
12 Manners	Deleted	1/7	1.5%			3.7%	1/7 N/O	23 D/K (7.2% of sample)	Yes
13 Apologizing	Adapted	3/7	7.7%	13.3%	13%			3 D/K	
14 Manners	Deleted	1/7						2 D/K	

VABS II Socialization Coping Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
15 Manners	Moved to Socialization Interpersonal Relationships	3/7	7.7%	13.3%	4.3%	7.4%			
16 Controlling impulses	Retained	4/7	7,7	6,7%	8,7%	7,4%		3 D/K	
17 Controlling impulses	Retained	5/7	15.4%	6.7%	17.4%	18.5%		1 D/K	
18 Keeping secrets	Deleted	4/7	13.8%		13%	**22.2%**		28 D/K (8.7% of sample)	Yes
19 Apologizing	Deleted	2/7	3.1%		8.7%			5 D/K	
20 Controlling impulses	Deleted	2/7	4.6%	6.7%	4.3%	3.7%		3 D/K	
21 Responsibility	Retained	1/7						5 D/K	
22 Appropriate social caution	Moved to Community Daily Living Skills	5/7	**20%**	13.3%	**21.7%**	**22.2%**		2 D/K	
23 Controlling impulses	Retained	3/7	12.3%	6.7%	**21.7%**	7.4%		1 D/K	
24 Responsibility	Adapted	1/7	1.5%		4.3%			4 D/K	
25 Appropriate social caution	Adapted and expanded	4/7	18.5%	6.7%	**21.7%**	**22.2%**		2 D/K	
26 Controlling impulses	Retained	3/7	6.2%		13%	3.7%		2 D/K	

VABS II Socialization Coping Skills items with content category	Comparison with VABS 3 items	No of psychologists marking items as useful (n=7) (Survey Interview Form)	% of that item used in psycho-legal report (n=65)	% of that item used in child report (n=15)	% used in adolescent report (n=23)	% used in adult report (n=27)	No of psychologists marking items as difficult (n=7)(Survey interview Form)	Marked use of D/K or N/O response (n=321)	Difficulty addressed in VABS 3
27 Keeping secrets	Deleted	4/7	6.2%		8.7%	7.4%			
28 Controlling impulses	Retained	4/7	1.5%		4.3%				
29 Appropriate social caution	Adapted	3/7	9.2%		8.7%	14.8%			
30 Responsibility	Adapted						1/7 N/O		Adjusted
NOTES:	Repeated items include minor wording changes		Items scoring over 20% noted in text	Items scoring over 20% noted in text	Items scoring over 20% noted in text		N/O – No Opportunity L – Linguistic C – Cultural/Con-textual		

6.5.9.2. Summary of the clinical item analysis of the coping socialisation skills subdomain.

- Differentiation of scores starts from Item 1.
- One item identified as difficult by one psychologist and a marked use of "Don't know" response was deleted. Another with a marked "Don't Know" response was deleted but was also used in 22.2% of the adult reports regarding the keeping of secrets and one item identified as difficult was adapted.
- One item is extensively used (>20%) in all the psycho-legal reports (Item 22) regarding choosing to avoid dangerous or risky activities. One item is used

extensively in the child reports (Item 9), three items in the adolescent reports (22, 23 and 25) and four items in the adult reports (8, 18, 22 and 25).

- Fourteen items (46% of total items) were identified as useful by the majority of the psychologists (1, 2, 3, 5, 6, 8, 11, 16, 17, 18, 22, 25, 27 and 28).
- This subdomain is not reported on extensively overtly but from the discussion is information used in the assessment of the ability to consent which forms a primary purpose of the report.

6.5.10. Changes in administration of the VABS II.

This arose out of the psychologists' discussion. It will be discussed in the following chapter (section 7.10., p. 269.).

6.6. Concluding comments

This chapter has presented the statistical results and clinical item analysis and reported these according to the research questions posed. The discussion chapter which follows will consider the implications and examine the results in the context of use of the VABS.

Chapter Seven: Discussion

7.1. Introduction

There are many issues and further questions which arose out of this research process. Some of these have been highlighted in previous chapters. This chapter will begin with attention to the research questions posed and then follow this with some discussion with regard to further highlighted issues and questions identified in the descriptive analysis and through the course of the research.

7.2. Research question 1

The first aim was to evaluate the published norms of the VABS and VABS II in terms of their use in this particular South African context and their usefulness in discriminating different levels of intellectual disability. The question is one of discriminant validity or what Kaufman and Kaufman (1993) refer to as clinical validity, testing the extent to which cognitive assessment instruments provide diagnostic information by use of cross-validation samples, thus being able to apply the test to groups other than those on which it was originally normed and standardised (Cicchetti, 1994).

This was done through examining the association between the measured IQ score using the ISGSA and the standard score measurements of the VABS and the VABS II. The Pearson product-moment correlation coefficient was .685. Using regression analysis, the VABS accounted for 46.8% and the VABS II for 38.3% of the variance in ISGSA scores. The prediction was significant for both tests ($p<.001$). Given the understanding that IQ and adaptive functioning are two different, but related concepts, a modest correlation between the standard scores is expected. Both are necessary for an understanding of the nature of the limitations of the person with intellectual disability and for diagnosis.

In development, the VABS was measured against tests which assess IQ, for example the *Kaufman Assessment Battery for Children* (K-ABC, 1983). The highest correlation was

.52 between the communication domain and the K-ABC Achievement Scale which was explained by the content of the communication domain containing items most closely related to cognitive ability.

Using the *Peabody Picture Vocabulary Test – Revised* (1981), the highest correlation was .37 with the communication domain of the VABS due to the common language component of both measures. The supplementary norm groups were assessed against a variety of measures. The adults with ID over 18 years, in non-residential facilities, had a correlation of .46 in terms of the adaptive behaviour composite and the mean IQ using the *Wechsler Adult Intelligence Scale* (WAIS) or the *Wechsler Adult Intelligence Scale – Revised* (WAIS-R) full scale score (Sparrow & Cicchetti, 1985; Sparrow et al., 1984).

During the development of the VABS II, in children aged 6-16 years, correlation with the *Wechsler Intelligence Scale for Children – Third Edition* (WISC-III) was reported as low with near zero correlation with the VABS II composite score and the full scale IQ score. Correlation between the communication domain and the WISC-III scales ranged from .30 - .36 thus a modest relationship with IQ scores. In adults aged 17-68 years, the correlation between the VABS II composite score and the full scale IQ score, using the WAIS–III, was .20 and between the communication domain and full scale IQ was .30 (Sparrow et al., 2005).

In this study there was a stronger correlation than that found in the validity studies referred to in the VABS and VABS II manuals. The correlation for the Afrikaans group, .633 with a variance of 40% and the Xhosa group, .578 with a variance of 33.4% was also moderate. This may be related to the finding that the ISGSA tended to underscore in the mild and moderate ranges of IQ for this population. (section 5.3.13.)

The second part of answering this question related to comparing the reported diagnosis and assessment of the evaluating clinical psychologist as reported in the psycho-legal report with the level of disability measured by the VABS and VABS II using a Chi-

square analysis. The practice of using the "best clinician diagnosis" as a gold standard or criterion to which standardised and normed tests can be compared, has been used (Cicchetti, 1994).

Both the VABS and VABS II were found to have a statistically significant association ($p<.001$) with the psychologists diagnosis. Given the findings of the descriptive analysis, regarding the adults over 22, this was analysed further and the discussion regarding these findings follows further in this chapter. (section 7.4.)

In the development of the VABS, use was made regarding the validity of the tool, by comparing the VABS scores with those of other adaptive behaviour assessment tools. The original *Vineland Social Maturity Scale* (Doll, 1935, 1965) was used. A moderate correlation of .55 was found between the VABS composite score and the original Vineland social quotient. Higher correlations were not expected as there were major differences in content and standardisation. Using the *Adaptive Behavior Inventory for Children* developed by Mercer and Lewis (ABIC, 1978), a correlation of .58 was found between the VABS composite score and the ABIC average Scaled Score. Raw scores of the domains of the VABS were compared with the raw scores of the subdomains of the *American Association for Mental Deficiency Adaptive Behavior Scale* developed by Nihira et al. in 1974. Correlations varied between .40 and .70, in most instances in the moderate to moderately high range (Sparrow et al., 1984).

During the development of the VABS II, correlations with the VABS were generally found to be high, in the upper .80's and .90's. Correlations of composite scores with the *Adaptive Behavior Assessment System, Second edition* developed by Harrison and Oakland (ABAS-II; 2003) were .70 in the birth to 5 group, .78 in the 5-20 years age group and .69 in the 17-74 years age group. Using the *Behavior Assessment System for Children*, Second edition (BASC-2) developed by Reynolds and Kamphaus in 2004, and using the preschool,

child and adolescent forms, correlations between the VABS II composite and the adaptive skills composite of the BASC-2 ranged from .46 to .50 (Sparrow et al., 2005).

Broadly speaking the findings point to a modest but statistically significant correlation between the VABS and the VABS II and the ISGSA standard scores, with the proviso that the adult portion of the sample needed closer analysis.

7.3. Research question 2

Logistic regression analysis using the VABS or VABS II score as the dependent variable and language, gender, age, geographic distribution and access to education as independent variables, the following significant predictors were found.

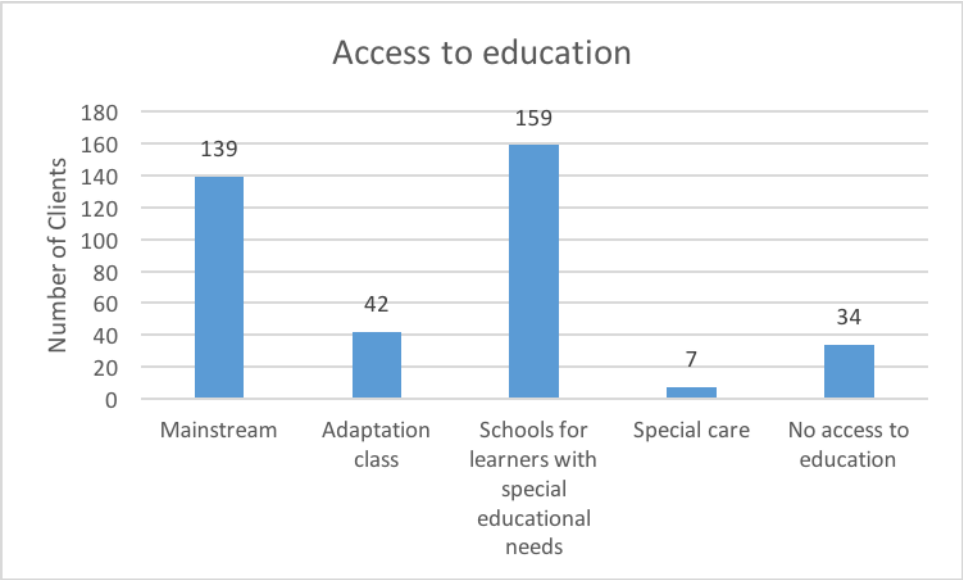
In the analysis of the VABS scores, the only significant predictor was language ($p<.01$), with English speakers being 3.09 times more likely to be in the moderate/severe category than Afrikaans speakers and 6.77 times more likely to be in the moderate/severe category than isiXhosa speakers. This is understood within the South African context, as language being a proxy for race and socioeconomic status. The client group is constrained by the referrals received from the police and the courts. It is of interest that during the period in the study when the VABS was used, a greater proportion of English speakers were more severely disabled than Afrikaans and isiXhosa clients. This may be an incidental finding or point to a different pattern of reporting abuse, amongst this group of the community. This would require further study. (Refer to descriptive results section 5.2.4..)

In the analysis of the VABS II scores, the only significant predictor was whether clients had access to education ($p<.01$). Those who did not were 2.93 times more likely to be in the moderate to severe category. Figure 7.1. provides graphical representation of the numbers in the sample who had no access to education, those who were placed in special care centres for severely and profoundly disabled people, those who had access to schools for people with ID, usually with an IQ below 50, those who were in adaptation classes which

operate within a mainstream school and those who had been to mainstream schools. In the latter case, many had just dropped out of the schooling system when they could not cope with the academic demands and had never had further access to specialised or supportive education. Sixty of the sample participants had moved from one form of schooling to another and are represented in two categories, i.e., had moved from mainstream schooling into a specialised class or school.

Figure 7.1.

Access to education



This would need further investigation as to whether functioning in the moderate-severe ID group gave less chance of being placed in schooling or if the lack of schooling itself, further disadvantaged the person in terms of opportunity, thus increasing the level of disability.

7.4. Research question 3

In order to answer the question of whether the VABS II was able to discriminate between levels of intellectual disability for the adults in the sample, and given that the difficulty was at the lowest end of the adaptive functioning spectrum, ROC analyses were conducted using those identified as moderate and severe ID. The full sample was analysed,

then the sample was divided between those aged under 22 years and those over 22 years, according to the norms table groupings of the VABS II. The results were examined for caseness. Sensitivity and specificity were examined.

For the full sample using the psychologists rating of severe IQ as caseness, the VABS II was estimated to predict IQ, as estimated by the psychologist, as having utility and sensitivity was only reached at the defined mild to moderate border of a standard score of 56. Due to the conceptual differences between AF and IQ, this is as expected. However there was a difference between the under 22 years group which had a finding of high utility (however with a small sample) and the over 22 years group which was barely indicative of utility.

For the full sample, using the Psychologists rating of severe AF as caseness the VABS II was estimated to predict the AF as evaluated by the psychologist at the high end of caseness but sensitivity and specificity was only reached at a standard score of 62. With the group under 22 years it was of high utility, with sensitivity and specificity being reached at a standard score of 62; however, in the group of clients over 22 years, the AUC was barely indicative of low accuracy. The VABS II is found lacking in terms of discriminating between severe and moderate adaptive functioning in the over 22 years client group.

For the full sample, using the ISGSA score in the ranges of moderate IQ and severe IQ from within the sample and the ISGSA rating of severe ID as caseness, the VABS II was found to barely be of utility. For those in the sample under 22 years, it was of utility but of low accuracy for those over 22 years.

The second part of the question asked if the VABS 3 norm tables give evidence of having addressed this floor effect.

In the development of the VABS 3, three IQ segmented samples of people with ID, IQ's of 70-50 (Mild disability), 49-35 (Moderate disability) and below 35 (Severe disability) were divided into two age groups, 3-18 years and over 19 years. The authors report that the

mean scores are lower for the adult than school-age subjects and refer to this being consistent with the VABS II findings. They conclude that "adults with low IQ display even greater adaptive deficits than do school-age individuals with comparable IQs" (Sparrow et al., 2016, p. 157). They further argue that there are "consistently greater standard differences for the three lowest-scoring samples. This indicates that the Comprehensive version has greater clinical sensitivity among extremely low functioning individuals" (Sparrow et al., 2016, p. 166). This does not concur with the following analysis. Table 7.1. gives the mean figures of the VABS 3 domains and composite scores in the various IQ groups. There are very large differences, particularly in IQ below 49 between the IQ score and the scores of the VABS 3. In the severe group over 19 years (column 6) the scores are all at the interface between severe and profound disability. Given what has been presented previously, it would seem that the same difficulty remains with the floor effect for those with severe and moderate ID. The manual states that there is strong evidence "for the sensitivity of the Interview form in identifying individuals with ID… Additional research is needed to determine if communication is indeed a relative adaptive weakness among individuals with ID" (Sparrow et al., 2016, p. 166). Whilst it does have sensitivity for identifying intellectual disability, the norm tables would point to a lack of sensitivity at the lower end of mild disability and below.

Table 7.1.

VABS 3 Mean Standard Scores for Mild, Moderate and Severe Intellectual Disability in Two Age Groups

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Comprehensive Interview form domain and composite score	IQ 70-50 3-18 years	IQ 49-35 3-18 years	IQ <35 3-18 years	IQ 70-50 19+ years	IQ 49-35 19+ years	IQ <35 19+ years
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Communication	58.4 (15.9)	41.9 (18.4)	24.3 (12.6)	47.2 (23.9)	22.5 (7.4)	20.0(0.0)
Daily Living Skills	68.0 (19.8)	52.4 (22.0)	31.5 (19.9)	54.4 (27.8)	27.7 (14.2)	21.1 (5.3)
Socialization	71.3 (15.8)	61.9 (20.6)	33.8 (17.7)	50.0 (21.7)	36.1 (21.9)	21.3 (6.3)
AB Composite	65.8 (13.2)	53.1 (17.3)	30.1 (15.7)	51.6 (20.7)	29.3 (13.4)	20.9 (4.3)

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Figure 7.2. and Figure 7.3. from the manual illustrates the difference graphically. Here the floor effect is very evident as is the different sensitivity amongst the school age groups and the adults. The communication subdomain also consistently scores the lowest of all the subdomains across age groups. Note the flattened graph indicating the floor effect in the group of adults with adaptive functioning in the range of severe disability.

Figure 7.2.

Mean Adaptive Behaviour Scores from Three School Aged Groups with Different IQ Ranges

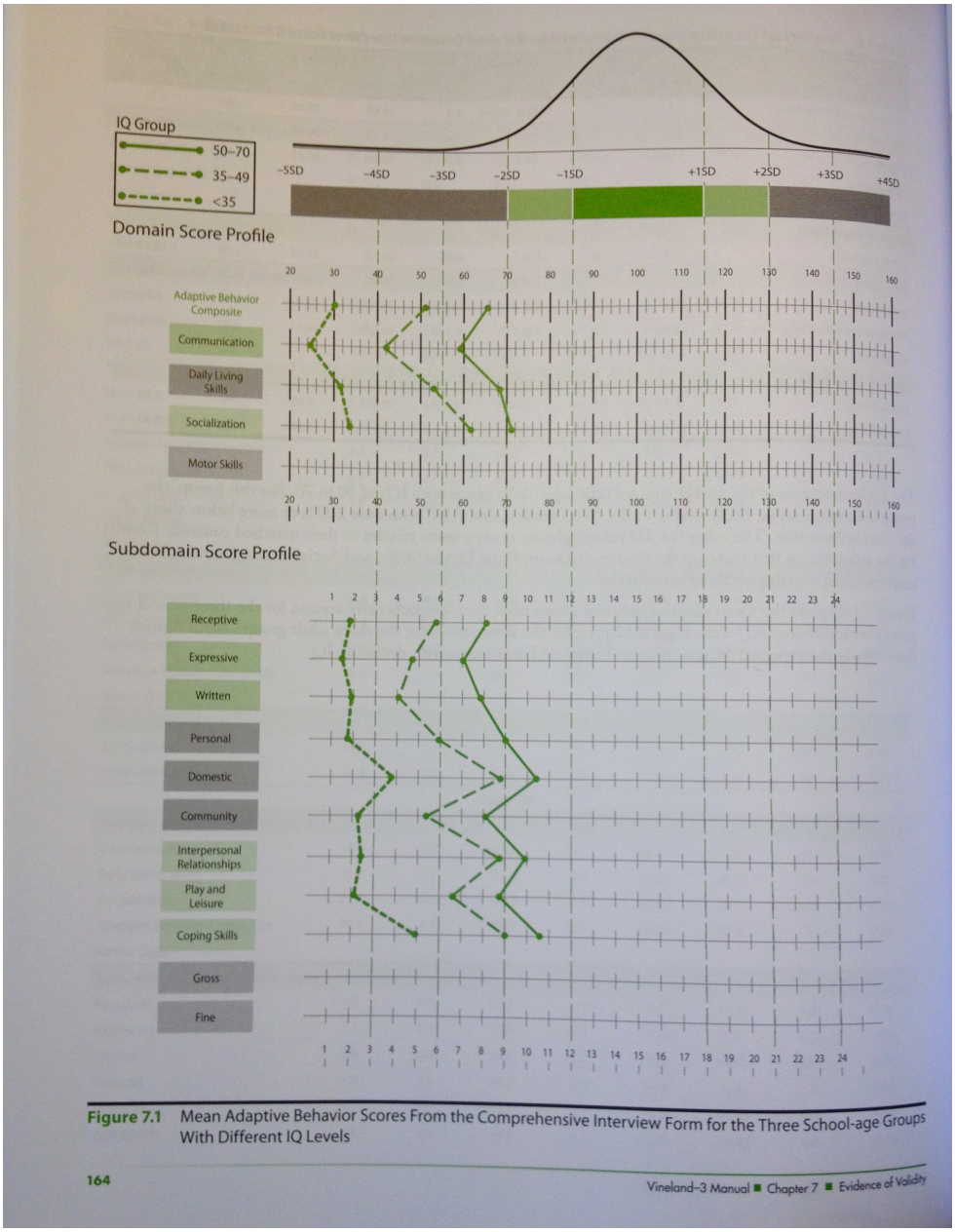

Figure 7.1 Mean Adaptive Behavior Scores From the Comprehensive Interview Form for the Three School-age Groups With Different IQ Levels

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Figure 7.3.

Mean Adaptive Behaviour Scores for Three Adult Groups with Different IQ Ranges

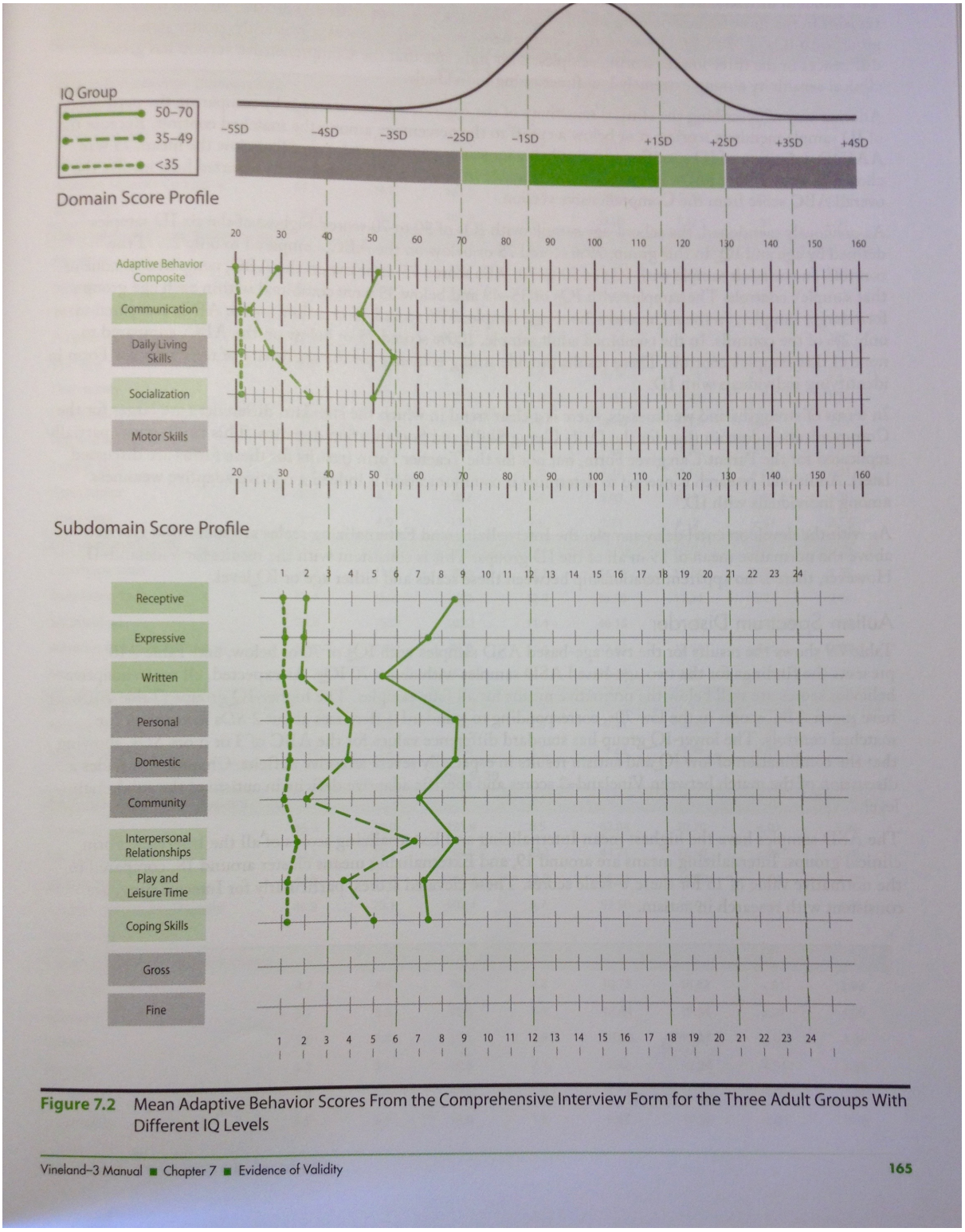

Figure 7.2 Mean Adaptive Behavior Scores From the Comprehensive Interview Form for the Three Adult Groups With Different IQ Levels

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7.5. Research question 4

This question asked what useful qualitative information is used and reported in the psycho-legal report from the items in the VABS II. The results were drawn from items identified and discussed by the clinical psychologists' experience in the assessment, and a quantitative analysis of the psycho-legal reports as to the information from specific items referred to in the text of the report. A "functional assessment is required which takes account of the specific skills required in a legal context" (Dickman et al., 2006, p. 123). The results will be discussed by subdomain.

7.5.1. Receptive communication.

This is particularly important in helping the court understand the receptive limitations in relation to questioning and in keeping the questions the court asks of the client simple and singular (Dickman et al., 2006; Pillay, 2012; Van Niekerk, 2014). Items regarding following instructions (10, 12, 13, 16) and listening and attending (9, 14, 15 and 17) were used extensively according to developmental level. Van Niekerk (2014) makes a valid point that questions that are inappropriate can cause barriers to participation in the court process.

7.5.2. Expressive communication.

Limitations of extent of vocabulary (Item 20 and 26) was referred to as important both in terms of court process and in terms of choice of verbal or non-verbal test in terms of IQ assessment. Being able to speak clearly (Item 38) was also important in relation to court proceedings or if support in the use of an intermediary would assist the court in understanding the complainant. The items relating to giving a narrative account (Items 24, 39, 42 and 43) were highlighted. Goal setting (Items 52 and 54), although positioned at an almost adult level, were identified as helpful in relation to what people could not do, thus understanding their lack of goal directed behaviour.

Additional items included knowing their age (Item 25), knowing their name and surname (Item 29) for the child group, knowing or not knowing their month and year of birth across all ages (Item 40 in 47.7% of the reports), knowing or not knowing their address (Item 51) in the adult (33.3%) and adolescent (43%) reports. These are often details which will be asked in court as biographical details. There was more detail given in the child reports on expressive communication with six items being referred to in more than 20% of the reports (Items 29, 32, 34, 36 and 39). In keeping with developmental expectations, there was more reference to their ability in terms of conversational speech (Items 46, 47 and 49) for the adults and again this relates to the understanding of the court in relation to their giving evidence.

Differentiation only began from Item 14 which points to all clients referred having some measure of expressive speech. The spread of different items being reported at different ages was evidence of the need to tailor the report to the differing social expectations of a child, an adolescent and an adult.

7.5.3. Written communication.

There was difficulty with caregivers knowing this information at times, particularly if illiterate themselves so the recommendation was to be flexible to reference from the client and deviate from the recommended administration and use simple charts to evaluate skills. Exposure to education was identified as influential and discriminatory. Almost all reports had some reference to level of reading or writing skill with children reported on using items 1-10, and adolescents and adults using items 6-11 and 14. The ability to write their own name and surname was referred to in 52.3% of the reports.

7.5.4. Personal Daily Living Skills.

This subdomain was reported extensively, was widely reported and received wide agreement that describing “how they look after themselves” is very easy for the court to

relate to developmentally and if within expectations for a particular age group or not. Cultural differences impacted, especially on eating habits and norms and socioeconomic realities in terms of access to hot and cold running water. The ability to choose clothing appropriate to the weather was reported in 81.5% of the reports (Item 31) and the ability to wash themselves was reported in 90.7% of the reports (Item 32). Important skills which were highlighted were toileting (Items 17 and 20), dressing (Items 18, 21, 22, 16, 28 and 29), eating and drinking (Item 23), bathing (Items 24, 30 (in adolescents and adults), and 32) and grooming (Items 25 and 34).

7.5.5. Domestic Daily Living Skills.

This was also an area that was easy for others to relate to as to what is developmentally expected and described a picture of level of functioning. It was reported on extensively and found to be very useful. In all, 73.8% of reports referred to the ability to wash dishes or clean floors. Kitchen chores in general were commonly used (Items 2 (child and adolescent), 3 (adolescent), 7 (adult and adolescent), 8 (all), 9 (adult), 13 (all), 15 (adolescent and adult), 17 (all), 20 (all) and 21 (adolescent and adult)).

Housekeeping skills were commonly reported (Items 11 (adolescent and adult), 14 (all), 16 (all) and 22 (adolescent and adult)).

7.5.6. Community Daily Living Skills.

Two sets of skills were widely reported: knowledge of time and date, and money skills. Although it was discussed that items to do with safety were important and that there was an overlap in terms of the socialisation subdomain of coping skills, the safety items were not widely used in this domain in the reports. Discussion included the effect of levels of community safety on the acquisition of safety skills, i.e., in relation to travel and curfews. Greenspan and Woods (2014) describe this as a key feature in relation to intellectual disability (refer to literature review section 2.2.1.2). In terms of money skills, the identifying

different coins and notes, (Item 12-80% of reports and Item 19 – 78.5% of reports), and being able to calculate change (Item 30 – 72.3% of reports) was important.

7.5.7. Socialisation Interpersonal Relationships.

The discussion amongst the psychologists identified friendship behaviour and particularly indiscriminate friendliness as important and general social interaction skills and dating behaviour, both in terms of what they do and do not do. There was discussion regarding what the various cultural norms are and how they differ even within the South African context. The majority of psychologists rated 10 items as useful, however, only two were used extensively in the reports (Item 15 and 20). Both related to friendship behaviour. The items rated as useful but not used included those related to making small talk (Item 17 and 28), emotional expression (Items 19 and 25), observing and respecting personal space (Item 26), meeting with friends regularly (Item 29), choosing not to say rude, embarrassing or mean things in public (Item 30) or recognising indirect hints or cues in conversation (Item 35). Further investigation is needed. Possible hypotheses may be that these items are difficult to write about/quantify in the context of the report, or that the caregivers do not give a good account of these items therefore making it difficult to report.

7.5.8. Socialisation Play and Leisure Time.

The discussion amongst the psychologists highlighted the ability to protect oneself (Item 12) and reading of non-verbal cues (Item 23) as important and that impoverished environments limited the opportunity to engage in play and leisure activities (Items 9, 11 and 13). For children the items related to sharing and turn taking were more frequently reported (Items 15, 17 and 19). Although recognising non-verbal social cues was seen as important there was a high rate of "Don't know" responses to the item (11.5%) indicating difficulty in eliciting caregivers' responses. Items which were rated as useful by the psychologists, but not used in the reports, included moving away to protect self (Item 12), seeking others out to play

(Item 14), playing informal games (Item 16), following the simple rules of games (Item 18), asking permission before using something which belongs to another person (Item 22) and going places with friends in the evening with adult supervision (Item 27). This last item was also identified as a "No opportunity" item. This area of socialisation is indicated as important but not recorded in the reports and warrants further investigation.

7.5.9. Socialisation Coping Skills.

In the psychologists' discussion, there was recognition of the usefulness of many of the items in the evaluation of being able to consent (Items 11, 17, 22, 23, 25, 29). Moreover 14 items (46% of total items) were identified as useful by the majority of the psychologists (1, 2, 3, 5, 6, 8, 11, 16, 17, 18, 22, 25, 27 and 28). However, the only items where more than 20% of the reports referred to the item included the response to change in adults (Item 8), apologising in children (Item 9), appropriate social caution in adolescents and adults (Items 22 and 25), controlling anger and hurt feelings in adolescents (Item 23) and keeping confidences or secrets in adults (Item 18). Once again, for this area of socialisation skills, there was relatively sparse information in the report.

The domain of socialisation is under reported in the actual reports whilst acknowledged as very useful by the psychologists. Table 7.2. summarises the useful categories of information gleaned from use of the VABS II in describing the adaptive functioning of these clients in relation to their ability to testify, their ability to consent to sexual intercourse and to give the court an idea of their particular strengths and weaknesses and what support is needed.

Table 7.2.

Summary of Useful Information Categories from the VABS II in Psycho-Legal Report

Communication	**Daily Living Skills**	**Socialization skills**
Following instructions	Toileting	Friendship behaviour
Listening and attending	Dressing	Emotional expression
Extent of vocabulary	Eating and Drinking	Recognizing social cues and non-verbal communication
Clear speech	Bathing	Sharing
Giving a narrative account of experience	Grooming	Apologizing
Biographical details	Kitchen chores	Manners and social norms
Level of reading and writing skill	Housekeeping	Controlling impulses
	Telling the time	Appropriate social caution
	Money skills	Negotiating change and transition
	Community safety	Acting appropriately with strangers

The VABS II provides much useful qualitative information for the court. It assists in describing a level of functioning to which the court can relate and in motivating for support through the court process. The magistrate or judge will often ask for a description of how to recognise a particular level of intellectual disability and how that is distinguishable from other levels, i.e., mild and moderate intellectual disability. The VABS II provides a general but also individualised account of this difference.

7.6. Research question 5

The question asked what changes in terms of sequencing of items, deleted items, added items and modified items had been made between the two versions: the VABS II and the VABS 3. Table 7.3. summarises the changes.

Table 7.3.

Summary of Changes Between the VABS II and VABS 3

VABS 3	Deletions from VABS II	Sequencing changes	Subdomain changes	Repeated items	Additional items in VABS 3	Modification of existing items	No of items VABS II	No of items VABS 3
Receptive Communication	5	2		7	20	12	20	39
Expressive Communication	10	19	6	28	12	9	54	49
Written Communication	2	6		13	13	12	25	38
Personal Daily Living Skills	5	9	1	23	19	13	41	55
Domestic Daily Living Skills	5	7		8	15	7	24	30
Community Daily Living Skills	10	14	3	21	18	19	44	58
Socialization Interpersonal Relationships	10	9	5	17	14	12	38	43
Socialization Play and Leisure	1	6		16	10	10	31	36
Socialization Coping Skills	9	5	3	10	13	10	30	33
Totals	57	77	18	143	134	104	307	381

The figures in Table 7.3. indicate that the VABS 3 is an extensive revision of the VABS II. It is longer, with 74 more items (an increase of 19.4%). Of the original VABS II items, 18.5% are deleted. In all, 33.9% of the items of the VABS II were modified, expanded or condensed. Changes to the developmental sequencing of items included 25% of the items. Items from the VABS II which were moved to different subdomains included 5.9%. In all, 46.6% of the items were repeated, including some minor wording changes. Less than 50% of the previous version has been reused in the VABS 3.

It remains to be seen how clinically useful this version is. Being longer, it will take longer to administer. Many of the new items include interaction and use with changing technology. Some of that change has happened in this South African context, i.e., use of cell phones, but due to the socioeconomic status of most of the families of our clients, there is often limited opportunity with regards to other technologies. There is also a greater degree of sophistication in the responses and understanding of social processes needed by the respondent. It will be of interest to see if this new version will be of greater help in eliciting useful information in this psycho-legal context.

With the new version also comes the challenge of trying to validate it for use in this context. In a context of limited professional and academic resources and competing demands for clinical time, with many clients needing to be seen and long waiting lists, it is difficult to ethically devote more time to researching each new version of various psychometric tools. This is a real challenge for the valid use of psychometric instruments in developing countries.

Further, there is a real cost constraint for the tests and forms to be purchased as new editions are published in cost constrained public sector psychology services and non-governmental organisations and as exchange rates makes the tests very expensive.

The degree to which difficulties with particular items have been addressed is discussed in the next section.

7.7. Research question 6

The last question asked to what extent the items identified by the psychologists as needing adaptation in the VABS II: linguistic or language, cultural or contextual, and having no opportunity, had been addressed in the VABS 3. Some of the discussion has been included in the results chapter as it was dealt with in the discussion of the psychologists involved in the programme. Table 7.4. summarises the findings.

Table 7.4.

Summary of Difficult Items Identified and the Response in VABS 3

(Note: some items had more than one category of difficulty)

Difficulty	Receptive Communication	Expressive Communication	Written Communication	Personal Daily Living Skills	Domestic Daily Living Skills	Community Daily Living	Socialization Interpersonal	Socialization Play and Leisure	Socialization Coping Skills
Contextual/ Cultural issues		40- Retained 48- Deleted 54- Retained		8- Retained 9- Retained 10- Retained 13- Adjusted 15- Deleted 19- Adjusted 23- Deleted 24- Adjusted 25- Retained 26- Retained 28- Retained	2- Adjusted 7- Adjusted 15- Adjusted	11- Deleted 12- Retained 15- Retained 18- Retained 19- Retained 28- Retained 34- Adjusted 35- Adjusted	19- Retained 26- Retained 28- Retained 37- Deleted 38- Deleted		

Difficulty	Receptive Communication	Expressive Communication	Written Communication	Personal Daily Living Skills	Domestic Daily Living Skills	Community Daily Living	Socialization Interpersonal	Socialization Play and Leisure	Socialization Coping Skills
				29- Retained 30- Retained 33- Adjusted 34- Adjusted					
Linguistic/ Language Issues	18- Deleted	28- Retained 31- Adjusted 32- Deleted 33- Retained 34- Retained 35- Retained 36- Retained 37- Adjusted 38- Deleted 44- Adjusted 50- Deleted				28- Retained	18- Deleted		
No opportunity	6- Deleted 14- Retained 15- Adjusted	45- Deleted 51- Retained	11- Ajusted 15- Adjusted	36- Adjusted 37- Adjusted	2- Adjusted 7- Adjusted	5- Retained 7- Deleted 15- Retained	29- Deleted 31- Deleted	9- Retained 11- Retained	12- Deleted 30- Adjusted

Difficulty	Receptive Communication	Expressive Communication	Written Communication	Personal Daily Living Skills	Domestic Daily Living Skills	Community Daily Living	Socialization Interpersonal	Socialization Play and Leisure	Socialization Coping Skills
			16- Retained 18- Adjusted 19- Deleted 21- Retained 22- Adjusted 24- Deleted 25- Adjusted	39- Deleted 40- Retained 41- Adjusted	9- Adjusted 10- Adjusted 12- Deleted 15- Adjusted 16- Retained 20- Retained 21- Deleted	20- Retained 21- Retained 24- Adjusted 25- Adjusted 33- Deleted 36- Retained 37- Retained 39- Adjusted 40- Retained 42- Deleted 43- Adjusted 44- Adjusted	34- Deleted	13- Retained 18- Adjusted 20- Retained 21- Adjusted 26- Adjusted 27- Adjusted 29- Retained 30- Retained 31- Retained	
Many "don't know" or "No opportunity" responses		32- Deleted 33- Retained 34- Retained 41- Retained 44- Adjusted 50- Deleted		33- Adjusted 38- Deleted	10- Adjusted	10- Adjusted 15- Retained 20- Retained 25- Adjusted 31- Adjusted	18- Deleted	18- Adjusted 23- Retained	12- Deleted 18- Deleted

Difficulty	Receptive Communication	Expressive Communication	Written Communication	Personal Daily Living Skills	Domestic Daily Living Skills	Community Daily Living	Socialization Interpersonal	Socialization Play and Leisure	Socialization Coping Skills
Total items	4/20 (20%)	17/54 (31.5%)	9/25 (36%)	21/41 (51.2%)	9/24 (37.5%)	24/44 (54.5%)	9/38 (23.7%)	12/31 (38.7%)	3/30 (10%)
Total deleted	2	5	2	4	2	4	6	0	2
Total adjusted	1	3	5	8	5	9	0	4	1
Total retained	1	9	2	9	2	11	3	8	0

7.7.1. Discussion of overall results.

Total number of items on the VABS II is 307. One hundred and eight (35.2%) items had varying levels of difficulty in various areas for the psychologists using them in this context. Twenty-seven (25%) had been deleted in the VABS 3 so this is assuming that the difficulty was common with other users, in other contexts. Thirty-six (33.3%) had been adjusted in various ways and it remains to be seen if this addresses the difficulty. Forty-five (41.6%) were unchanged and retained in the VABS 3.

7.7.2. Contextual/Cultural issues.

There were 34 items which had identified cultural issues, six of which are deleted from the VABS 3, 10 of which have been adjusted and the remaining 18 are unchanged. Of these, eight related to personal daily living skills and five related to community daily living skills. Considering the relationship between daily living skills and cultural practices, this makes sense.

Most of the items raised were of concern to one or two within the group of psychologists, however Item 10, in personal daily living skills (*Feeds self with fork; may spill*), was of concern to three of the seven psychologists. This is retained in the VABS 3 as Item 10. For some of our clients, it is not common practice to use a fork, using a spoon to eat,

or their fingers, is much more common. Some children would not have had the opportunity to learn this skill at this developmental stage.

Item 15 in community daily living skills (*Demonstrates understanding of right to personal privacy for self and others (for example, while using restroom or changing clothes, etc.)*) was of concern to five of the seven psychologists. There was also a high rate of "Don't Know" responses to this item. It was classified as a cultural (2/7 psychologists) and no opportunity (3/7 psychologists) issue. This relates to crowed living conditions (refer to the number of clients living in informal settlements in the descriptive results) but also to differences in cultural norms regarding privacy.

7.7.3. Linguistic/Language issues.

There were 14 items which had identified language issues, five of which are deleted in the VABS 3, three have been adjusted and six have been retained. Of those retained, one was in the community daily living skills domain and the remainder in the expressive communication subdomain.

There were three items which were of concern to three or more of the psychologists. Item 33 (*Uses possessives in phrases or sentences (for example, "That's her book"; "This is Carlos's ball"; etc.)*), Item 34 (*Uses pronouns in phrases or sentences; must use correct gender and form of the pronoun but sentences need not be grammatical correct (for example "He done it"; "They went"; etc.)*) and Item 36 (*Uses regular past tense verbs (for example, walked, baked, etc.); may use irregular past tense verbs ungrammatically (for example, "I runned away"; etc.)*). They all relate to the differences in language and linguistic equivalence in other languages, especially when the language structure is very different, such as the use of gender pronouns in isiXhosa.

7.7.4. No opportunity issues.

There were 59 items which had identified no opportunity issues, which is the largest grouping and were present in every subdomain. This possibly relates to poor socioeconomic circumstances of our client group. Of these, 14 items had been deleted from the VABS 3, 24 items had been adjusted and 21 items had been retained. Of the 21 items retained, seven items were of concern to three or more of the psychologists.

Item 51 in the expressive subdomain (*Says complete home address (that is, street or rural route, apartment, number, city, and state) with or without zip code, when asked*) was discussed by the psychologists as both important and difficult, for many of our rural clients had never been taught their full home address, or regularly received post, but had, for example, been taught how to describe the way home from the local town. It is therefore difficult to meet the criteria as given, but functionally they do know and can describe where they live.

In the community daily living skills domain, Item 5 was a concern to five of the seven psychologists (*Is aware of and demonstrates appropriate behaviour while riding in car (for example, keeps seat belt on, refrains from distracting driver etc.)*). Many of our clients use public transport in the form of mini bus taxis or in rural areas on the back of a small truck. There is no opportunity to demonstrate the skill asked for in this item. Item 20 was also a concern for four of the seven psychologists in this subdomain (*Obeys traffic lights and Walk and Don't walk signs*). This also relates to rural location with little to no exposure to traffic signage. Item 21 was a concern for three of the seven psychologists (*Points to current or other date on calendar when asked*). Once again in very impoverished, often rural circumstances, some of our clients have not had exposure to calendars.

In the Play and Leisure Socialisation subdomain the following items were of concern. Item 20 (*Plays a simple card or board game based only on chance (for example, Go Fish, Crazy Eights, Sorry™, etc.)*) was identified by three of the four psychologists as a no

opportunity issue for some of our clients, as was Item 29 (*Goes places with friends during the day without adult supervision (for example to a shopping mall, park, community centre, etc.)*) and Item 31 (*Goes places with friends in evening without adult supervision (for example to a concert, lecture, sporting event, movie, etc.)*). These all relate to limited opportunity for some of our rural clients.

7.7.5. Many "Don't know" or "No opportunity" responses.

Although there were 59 items which were identified as "no opportunity", there were 19 items which had a high number of "don't know" or "no opportunity" responses from the analysis of item responses. These are included in the discussion as they indicate a less than optimal response to the question posed by the item. Of these, six items had been deleted from the VABS 3, seven items had been adjusted and six items were retained. Of these three have been discussed in the Language and Linguistic section above (Items 33, 34 and 41 in the expressive communication subdomain), two were discussed in the cultural and contextual issues (Items 15 and 20 in the community daily living skills subdomain) and the outstanding item was from the play and leisure subdomain (Item 23: *Refrains from entering group when nonverbal cues indicate that he or she is not welcome*). There were a number of respondents who could not answer this question (11.5% of the sample). Given the low rate of using socialisation items in the psychologists reports, it may be that these more subtle and nuanced social interactions are more difficult to ascertain than the overt observations of the communication and daily living skills domains.

7.7.6. What changes does the VABS 3 offer?

The VABS 3 is more detailed, with a 19.4% increase in number of items and possibly asking increasingly nuanced questions and relating to the greater and wider use of technology. It remains to be seen if this helps or hinders our client population.

Many of the items identified as problematic have been deleted. Those that have been adapted need further and later evaluation once the tool has been used for a period of time and with a number of clients. Of those that have been retained, most of them were not problematic for many of the psychologists. The semi-structured interview method provides leeway to ask the question in many ways and probe the response.

For the remainder, the VABS 3 has changed the scoring, giving an option of estimating if the client could do this, given the opportunity from a person who is very familiar with the client's behaviour rather than using the "Don't Know" or "No opportunity" options. The margins given are that within each subdomain if the percent estimation is less than 15% "the validity of the section is probably not compromised", if it is between 15-25% then "interpret the scores for that section with caution" and if over 25% "do not interpret the scores for that section" (Sparrow et al., 2016, p. 47). It remains to be seen how effective this is in clinical practice with our population and the extent to which, with this client group, the estimate option would have to be used.

7.8. The construct of adaptive functioning in relation to a normal distribution pattern

The construct of adaptive behaviour/functioning differs from intelligence. Intelligence varies from those who are severely cognitively impaired, to those who join the majority, in what is termed average, to those who have significantly greater cognitive abilities than most people. This is described along a normal distribution curve. This is what we used to allocate terms such as mild intellectual disability, average IQ and gifted.

A separate and parallel concept is that of adaptive functioning. This is the development over time, of skills and the performance of daily activities to function and maintain ourselves with increasing complexity and maturity according to the expectations of the social context and environment in which we live. The expectations of a child of four years old differ from those of an adolescent of 13 years old, from those of a young adult, and again

from those of an elderly person. It is impacted by various limitations, be they cognitive, sensory impairments, mental or physical illness. However, a common assumption is that by the time a person reaches adulthood, unless there is an ongoing limitation such as chronic illness, disability or cognitive impairment, they function at a fairly sustained level throughout adulthood with possible fluctuations when needing more support and as the person approaches old age.

Widaman et al. (1991) describe the reaching of asymptote by various levels of disability and in various domains, as described in the literature review. (section 2.4.4.) Tassé et al. (2012) refer to this in their discussion regarding the construct of adaptive behaviour. "Adaptive behavior reflects skills demonstrated by the overwhelming majority of the general public. These skills can be arranged into a series of largely developmental tasks that are generally accomplished by the time most individuals enter adulthood" (p. 298). They further ask if adaptive behaviour scores follow a normal distribution in the general population. Norm tables for adults force raw scores which are not normally distributed into a normally distributed standard score. They argue that this overestimates the importance of small raw score differences.

Using a tool such as the VABS, which itemises the performance of these skills, scores them and then measures performance against same age peers, there will be children and adolescents who are able to do things ahead of most of their peers, however, by the time adulthood is reached, a ceiling is reached. Most adults are functioning at the expected level. To use examples from the VABS: most adults can listen to an informational talk for at least 30 minutes, can describe a realistic long term goal, can make regular medical and health related appointments, can plan and prepare a meal, have a full time job and can budget and manage money, can plan a social activity and have committed relationships, can work collegially with others in the workplace.

Translating this into standard score norms on the VABS II, the highest standard score an adult over 22 years can score on the VABS II is 107 (average range) in terms of communication, 112 (just above average range) in terms of daily living skills and 111 (slightly above average) in terms of socialisation (Sparrow et al., 1984, p. 243). This demonstrates the ceiling reached. However, on the same norms table, there is a significant floor effect for adults between the ages of 22 and 49:11, with domain standard scores in the severe disability range for a wide range of scores. (Refer to Figure 7.4. and 7.5. for an example.)

Is the use of normal distribution and the associated statistics applicable to adaptive functioning? In adults, it would seem to give rise to significant ceiling and floor effects. This is demonstrated in our sample of adults, where the floor effect results in significant underscoring for this adult group, with an overly high proportion scoring in the severe range of disability and in contrast to the clinical judgment of the assessing psychologist. This is not only applicable to our sample, as it is an integral problem evidenced in the norm tables for adults in the VABS II manual.

With reference to the two norm tables photographed in the text, the following scenario is described using the norm table to illustrate this difficulty (Figure 7.4. and Figure 7.5.). Tables 7.5. and 7.6. illustrate a case example of the use of the VABS II norm tables for an 18 year and 2 months old person who scores in the *mild intellectual disability* range across all domains and in terms of their adaptive behaviour composite score. If she was reassessed three years later, at 22 years and 3 months and scored in a similar raw score range, so functioning more or less similarly to when last assessed, but using the 22:0 - 49:11 norm table, her VABS II composite score, is in the overall range of *severe intellectual disability* with only her Daily Living Skills domain score in the Moderate range (refer to Table 7.6.). This is out of keeping with her IQ score which was consistently 54 and 55 (Mild intellectual

disability) on reassessment, accepting a moderate correlation, but more importantly with the psychologist's clinical impressions in terms of her adaptive functioning.

The adaptive functioning of a person with mild intellectual disability is significantly different to that of a person with severe intellectual disability. The problem is that the adult norm tables have a serious floor effect when used in adults at the lower end of mild intellectual disability and below, thus tending to underestimate their adaptive abilities.

Table 7.5.

Example of the Floor Effect for Adults in the VABS II: Range of Disability at 18 Years 2 Months

18yrs 2 months	*VABS II*	*18:0-21.11 Norms*	*Survey interview form*
Domain	**Sum of V-Scale Score**	**Standard score**	**Range of Intellectual Disability**
Communication	21	59	Mild ID
Daily Living Skills	18	54	Mild ID
Socialization	16	51	Mild ID
AB Composite	**Sum of standard scores** 164	54	Mild ID

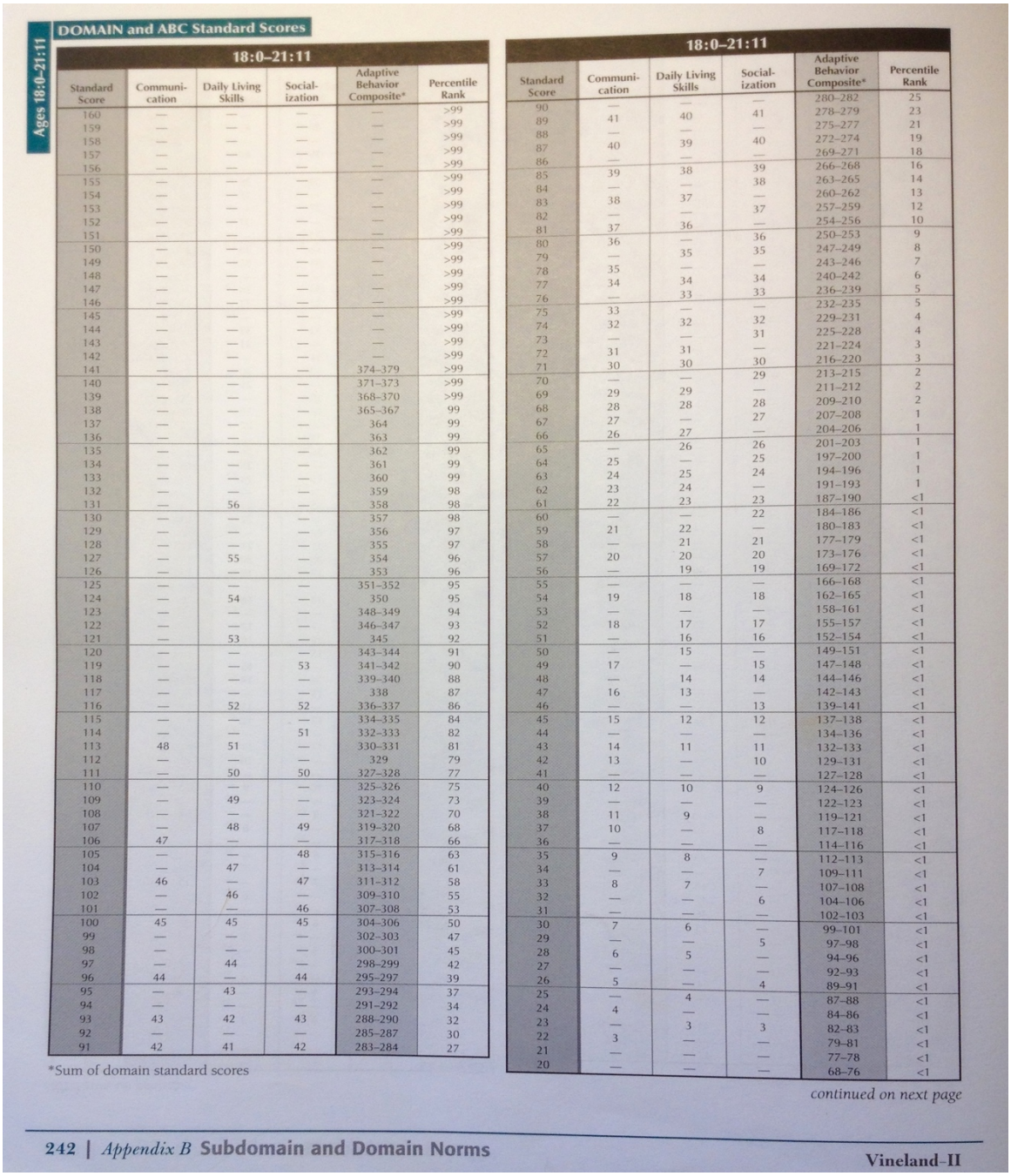
Table 7.6.

Example of Floor Effects for Adults in the VABS II: Range of Disability at 22 Years 3 Months

22yrs 3 months	*VABS II*	*22:0-49:11 Norms*	*Survey interview form*
Domain	**Sum of v-scale scores**	**Standard Score**	**Range of Intellectual Disability**
Communication	20	21	Severe ID
Daily Living skills	17	44	Moderate ID
Socialization	17	30	Severe ID
AB Composite	**Sum of standard scores**	28	Severe ID
	95		

Figure 7.4.

Norm Tables VABS II Age 18:0-21:11



Ages 18:0–21:11

DOMAIN and ABC Standard Scores

18:0–21:11

Standard Score	Communication	Daily Living Skills	Socialization	Adaptive Behavior Composite*	Percentile Rank
160	—	—	—	—	>99
159	—	—	—	—	>99
158	—	—	—	—	>99
157	—	—	—	—	>99
156	—	—	—	—	>99
155	—	—	—	—	>99
154	—	—	—	—	>99
153	—	—	—	—	>99
152	—	—	—	—	>99
151	—	—	—	—	>99
150	—	—	—	—	>99
149	—	—	—	—	>99
148	—	—	—	—	>99
147	—	—	—	—	>99
146	—	—	—	—	>99
145	—	—	—	—	>99
144	—	—	—	—	>99
143	—	—	—	—	>99
142	—	—	—	—	>99
141	—	—	—	374–379	>99
140	—	—	—	371–373	>99
139	—	—	—	368–370	>99
138	—	—	—	365–367	99
137	—	—	—	364	99
136	—	—	—	363	99
135	—	—	—	362	99
134	—	—	—	361	99
133	—	—	—	360	99
132	—	—	—	359	98
131	—	56	—	358	98
130	—	—	—	357	98
129	—	—	—	356	97
128	—	—	—	355	97
127	—	55	—	354	96
126	—	—	—	353	96
125	—	—	—	351–352	95
124	—	54	—	350	95
123	—	—	—	348–349	94
122	—	—	—	346–347	93
121	—	53	—	345	92
120	—	—	—	343–344	91
119	—	—	53	341–342	90
118	—	—	—	339–340	88
117	—	—	—	338	87
116	—	52	52	336–337	86
115	—	—	—	334–335	84
114	—	—	51	332–333	82
113	48	51	—	330–331	81
112	—	—	—	329	79
111	—	50	50	327–328	77
110	—	—	—	325–326	75
109	—	49	—	323–324	73
108	—	—	—	321–322	70
107	—	48	49	319–320	68
106	47	—	—	317–318	66
105	—	—	48	315–316	63
104	—	47	—	313–314	61
103	46	—	47	311–312	58
102	—	46	—	309–310	55
101	—	—	46	307–308	53
100	45	45	45	304–306	50
99	—	—	—	302–303	47
98	—	—	—	300–301	45
97	—	44	—	298–299	42
96	44	—	44	295–297	39
95	—	43	—	293–294	37
94	—	—	—	291–292	34
93	43	42	43	288–290	32
92	—	—	—	285–287	30
91	42	41	42	283–284	27

*Sum of domain standard scores

18:0–21:11

Standard Score	Communication	Daily Living Skills	Socialization	Adaptive Behavior Composite*	Percentile Rank
90	—	—	—	280–282	25
89	41	40	41	278–279	23
88	—	—	—	275–277	21
87	40	39	40	272–274	19
86	—	—	—	269–271	18
85	39	38	39	266–268	16
84	—	—	38	263–265	14
83	38	37	—	260–262	13
82	—	—	37	257–259	12
81	37	36	—	254–256	10
80	36	—	36	250–253	9
79	—	35	35	247–249	8
78	35	—	—	243–246	7
77	34	34	34	240–242	6
76	—	33	33	236–239	5
75	33	—	—	232–235	5
74	32	32	32	229–231	4
73	—	—	31	225–228	4
72	31	31	—	221–224	3
71	30	30	30	216–220	3
70	—	—	29	213–215	2
69	29	29	—	211–212	2
68	28	28	28	209–210	2
67	27	—	27	207–208	1
66	26	27	—	204–206	1
65	—	26	26	201–203	1
64	25	—	25	197–200	1
63	24	25	24	194–196	1
62	23	24	—	191–193	1
61	22	23	23	187–190	<1
60	—	—	22	184–186	<1
59	21	22	—	180–183	<1
58	—	21	21	177–179	<1
57	20	20	20	173–176	<1
56	—	19	19	169–172	<1
55	—	—	—	166–168	<1
54	19	18	18	162–165	<1
53	—	—	—	158–161	<1
52	18	17	17	155–157	<1
51	—	16	16	152–154	<1
50	—	15	—	149–151	<1
49	17	—	15	147–148	<1
48	—	14	14	144–146	<1
47	16	13	—	142–143	<1
46	—	—	13	139–141	<1
45	15	12	12	137–138	<1
44	—	—	—	134–136	<1
43	14	11	11	132–133	<1
42	13	—	10	129–131	<1
41	—	—	—	127–128	<1
40	12	10	9	124–126	<1
39	—	—	—	122–123	<1
38	11	9	—	119–121	<1
37	10	—	8	117–118	<1
36	—	—	—	114–116	<1
35	9	8	—	112–113	<1
34	—	—	7	109–111	<1
33	8	7	—	107–108	<1
32	—	—	6	104–106	<1
31	—	—	—	102–103	<1
30	7	6	—	99–101	<1
29	—	—	5	97–98	<1
28	6	5	—	94–96	<1
27	—	—	—	92–93	<1
26	5	—	4	89–91	<1
25	—	4	—	87–88	<1
24	4	—	—	84–86	<1
23	—	3	3	82–83	<1
22	3	—	—	79–81	<1
21	—	—	—	77–78	<1
20	—	—	—	68–76	<1

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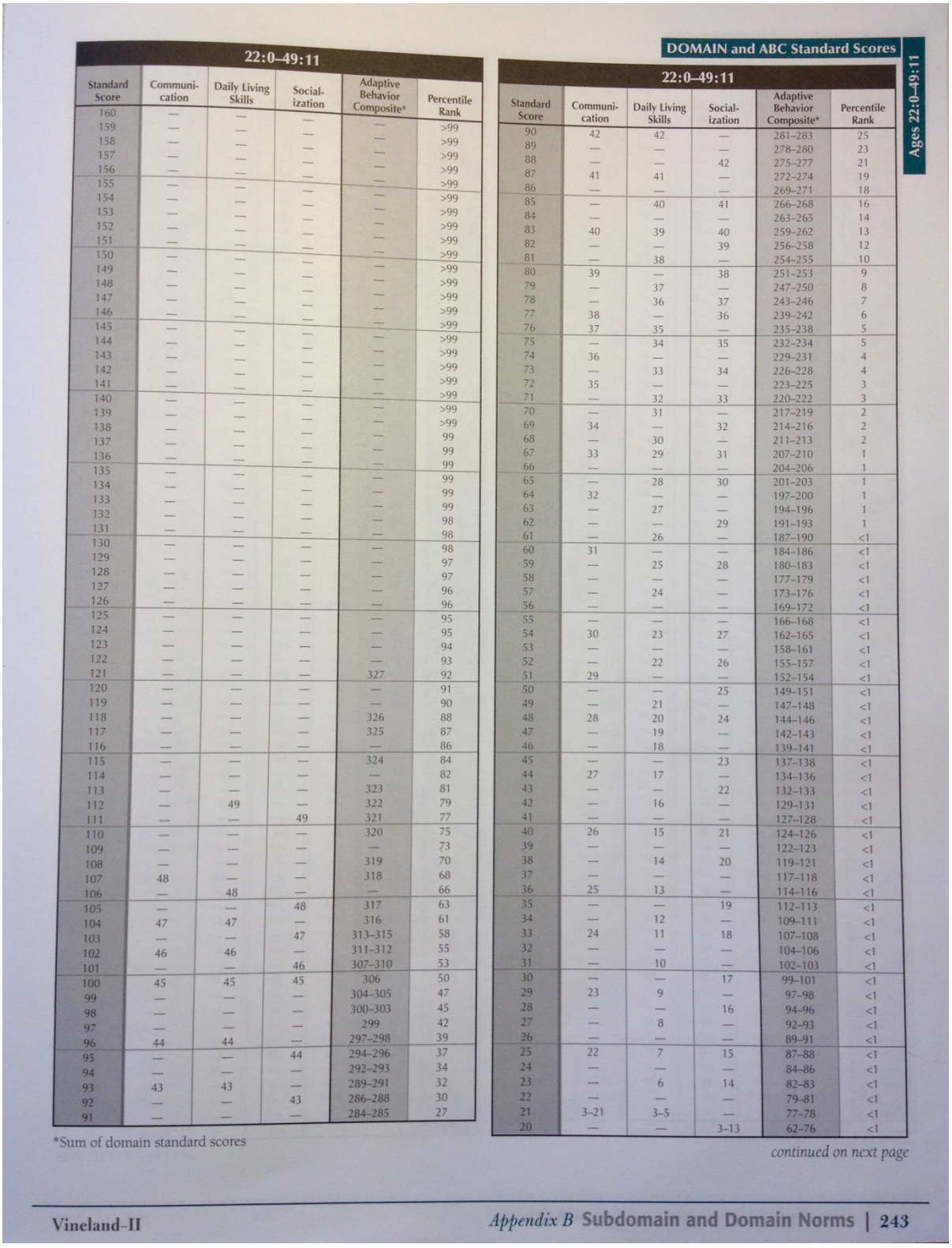
Figure 7.5.

Norm Tables VABS II Age 22:0-49:11



DOMAIN and ABC Standard Scores

Ages 22:0–49:11

22:0–49:11

Standard Score	Communication	Daily Living Skills	Socialization	Adaptive Behavior Composite*	Percentile Rank
160	—	—	—	—	>99
159	—	—	—	—	>99
158	—	—	—	—	>99
157	—	—	—	—	>99
156	—	—	—	—	>99
155	—	—	—	—	>99
154	—	—	—	—	>99
153	—	—	—	—	>99
152	—	—	—	—	>99
151	—	—	—	—	>99
150	—	—	—	—	>99
149	—	—	—	—	>99
148	—	—	—	—	>99
147	—	—	—	—	>99
146	—	—	—	—	>99
145	—	—	—	—	>99
144	—	—	—	—	>99
143	—	—	—	—	>99
142	—	—	—	—	>99
141	—	—	—	—	>99
140	—	—	—	—	>99
139	—	—	—	—	>99
138	—	—	—	—	>99
137	—	—	—	—	99
136	—	—	—	—	99
135	—	—	—	—	99
134	—	—	—	—	99
133	—	—	—	—	99
132	—	—	—	—	98
131	—	—	—	—	98
130	—	—	—	—	98
129	—	—	—	—	97
128	—	—	—	—	97
127	—	—	—	—	96
126	—	—	—	—	96
125	—	—	—	—	95
124	—	—	—	—	95
123	—	—	—	—	94
122	—	—	—	—	93
121	—	—	—	327	92
120	—	—	—	—	91
119	—	—	—	—	90
118	—	—	—	326	88
117	—	—	—	325	87
116	—	—	—	—	86
115	—	—	—	324	84
114	—	—	—	—	82
113	—	—	—	323	81
112	—	49	—	322	79
111	—	—	49	321	77
110	—	—	—	320	75
109	—	—	—	—	73
108	—	—	—	319	70
107	48	—	—	318	68
106	—	48	—	—	66
105	—	—	48	317	63
104	47	47	—	316	61
103	—	—	47	313–315	58
102	46	46	—	311–312	55
101	—	—	46	307–310	53
100	45	45	45	306	50
99	—	—	—	304–305	47
98	—	—	—	300–303	45
97	—	—	—	299	42
96	44	44	—	297–298	39
95	—	—	44	294–296	37
94	—	—	—	292–293	34
93	43	43	—	289–291	32
92	—	—	43	286–288	30
91	—	—	—	284–285	27
90	42	42	—	281–283	25
89	—	—	—	278–280	23
88	—	—	42	275–277	21
87	41	41	—	272–274	19
86	—	—	—	269–271	18
85	—	40	41	266–268	16
84	—	—	—	263–265	14
83	40	39	40	259–262	13
82	—	—	39	256–258	12
81	—	38	—	254–255	10
80	39	—	38	251–253	9
79	—	37	—	247–250	8
78	—	36	37	243–246	7
77	38	—	36	239–242	6
76	37	35	—	235–238	5
75	—	34	35	232–234	5
74	36	—	—	229–231	4
73	—	33	34	226–228	4
72	35	—	—	223–225	3
71	—	32	33	220–222	3
70	—	31	—	217–219	2
69	34	—	32	214–216	2
68	—	30	—	211–213	2
67	33	29	31	207–210	1
66	—	—	—	204–206	1
65	—	28	30	201–203	1
64	32	—	—	197–200	1
63	—	27	—	194–196	1
62	—	—	29	191–193	1
61	—	26	—	187–190	<1
60	31	—	—	184–186	<1
59	—	25	28	180–183	<1
58	—	—	—	177–179	<1
57	—	24	—	173–176	<1
56	—	—	—	169–172	<1
55	—	—	—	166–168	<1
54	30	23	27	162–165	<1
53	—	—	—	158–161	<1
52	—	22	26	155–157	<1
51	29	—	—	152–154	<1
50	—	—	25	149–151	<1
49	—	21	—	147–148	<1
48	28	20	24	144–146	<1
47	—	19	—	142–143	<1
46	—	18	—	139–141	<1
45	—	—	23	137–138	<1
44	27	17	—	134–136	<1
43	—	—	22	132–133	<1
42	—	16	—	129–131	<1
41	—	—	—	127–128	<1
40	26	15	21	124–126	<1
39	—	—	—	122–123	<1
38	—	14	20	119–121	<1
37	—	—	—	117–118	<1
36	25	13	—	114–116	<1
35	—	—	19	112–113	<1
34	—	12	—	109–111	<1
33	24	11	18	107–108	<1
32	—	—	—	104–106	<1
31	—	10	—	102–103	<1
30	—	—	17	99–101	<1
29	23	9	—	97–98	<1
28	—	—	16	94–96	<1
27	—	8	—	92–93	<1
26	—	—	—	89–91	<1
25	22	7	15	87–88	<1
24	—	—	—	84–86	<1
23	—	6	14	82–83	<1
22	—	—	—	79–81	<1
21	3–21	3–5	—	77–78	<1
20	—	—	3–13	62–76	<1

*Sum of domain standard scores

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7.9. To what extent do the newly published VABS 3 norm tables address this issue?

The VABS 3 has not yet been used clinically in this context but it was of interest to see if the new test, published in the latter part of 2016, had a similar problem. Using the comprehensive form norms published on line by Pearson (2016), the nearest equivalent standard scores were used of a hypothetical 18 year and 2 month old client to work backwards to a sum of V-Scale Scores, given that the test has different items and would score differently. The overall standard score were calculated and the ranges of intellectual disability using the 17:0 - 18:11 VABS 3 norms. This correlated well to the findings of the VABS II, her IQ score (Std. Score of 54) and clinical impressions. The results are tabulated in Table 7.7.

Table 7.7.

VABS 3 Norms for a Female of 18 Years 2 Months

18 years 2 months	*VABS 3*	*17:0-18:11 Norms*	*Comprehensive interview form*
Domain	**Sum of V-Scale Score**	**Standard score**	**Range of Intellectual Disability**
Communication	25	60	Mild ID
Daily Living Skills	24	55	Mild ID
Socialization	18	51	Mild ID
AB Composite	**Sum of standard scores**	57	Mild ID
	166		

Using the same scores, it was extrapolated how she would score at a hypothetical 19 years and 4 months using the 19:0 - 21:11 VABS 3 norms (refer to Table 7.8.). This also was as expected.

Table 7.8.

VABS 3 Norms for a Female of 19 Years 4 Months

19 years 4 months	*VABS 3*	*19:0-20:11 Norms*	*Comprehensive interview form*
Domain	**Sum of V-Scale Score**	**Standard score**	**Range of Intellectual Disability**
Communication	25	60	Mild ID
Daily Living Skills	24	55	Mild ID
Socialization	18	51	Mild ID
AB Composite	**Sum of standard scores**	57	Mild ID
	166		

However, at 22 years and 3 months using the 21:0-49:11 norms (refer to Table 7.9.). the standard score had dropped, with an AB Composite score in the moderate ID range, moderate range in the domain of Communication and severe ID in the domain of Socialisation.

Table 7. 9.

VABS 3 Norms for a Female of 22 Years 3 Months

22 years 3 months	*VABS 3*	*21:0 - 49:11 Norms*	*Comprehensive interview form*
Domain	**Sum of V-Scale Score**	**Standard score**	**Range of Intellectual Disability**
Communication	25	48	Moderate ID
Daily Living skills	24	51	Mild ID
Socialization	18	20	Severe ID
AB Composite	**Sum of standard scores**	41	Moderate ID
	119		

Given a hypothetical age of 51 years and 6 months I used the 50:0 - 69:11 VABS 3 norms (refer to Table 7.10.). At this age the standard scores equated with those scored in the 21:0 - 49:11 norms.

Table 7.10.

VABS 3 Norms for a Female of 51 Years 6 Months

51 years 6 months	*VABS 3*	*50:0 - 69:11 Norms*	*Comprehensive interview form*
Domain	**Sum of V-Scale Score**	**Standard score**	**Range of Intellectual Disability**
Communication	25	48	Moderate ID
Daily Living skills	24	51	Mild ID
Socialization	18	20	Severe ID
AB Composite	**Sum of standard scores** 119	41	Moderate ID

The difference is not as marked across domains in the VABS 3 but still poses a difficulty in using the VABS 3 to evaluate adaptive functioning in this group of adults falling at the lower end of mild intellectual disability.

In trying to understand this discrepancy, I contacted the author of the newly published VABS 3, Dr. Celine Saulnier. She, in turn, asked the director of psychometrics at the publisher, Pearson. I received the following communication: (C. Saulnier, personal communication, January 25, 2017, quoted with permission)

Please see the response below from our Director of Psychometrics, who supervises all norms development. I would add that any time standard scores are compared in this

way for two cases just on either side of an age divide, this kind of finding is possible…and somewhat inevitable unless norms were provided for extremely narrow age groups, which is impractical. Hope this helps.

The standard scores reflect the relative standing in light of the reference group (e.g., age peers). For the current scenario, although the sum of v-scaled score are the same for the two cases, because the reference groups are different for the two ages, the derived standard scores tend to differ. This is especially true for the socialization domain. Because the related adaptive function is much lower for ages (14-20) than for ages (21-69), the same sum of v-Scaled score means quite different when compared to different standards (e.g., the ages 14-20 reference group or ages 21-69 reference group).

Although standard scores 51 and 20 appears quite different, they are both very low scores & their percentile rank is both below 0.001. If considering the confidence interval, 51(±6) and 20(±3) will put both cases in severe range.

Also, it is important to note that, given the nature of this test, scores based on different reference groups may not be compared directly. If the comparison is extremely necessary, I suggest the customer to use the same norms to derive the domain standard scores.

The problem is that, in terms of adaptive functioning, what a person with mild disability can do is very different to a person with moderate or severe disability and we do the person an injustice to lump them all together. The very purpose of the assessment is to be able to differentiate levels of disability. Although standard scores of 51 and 20 are both

within the 0.001 percentile, there is the wide range of difference of adaptive functioning.

The person with a standard score of 46 and 23, pushing the confidence limits to their nearest point, has very different adaptive functioning. Why is it that this difficulty does not evidence itself at younger ages?

Is it a matter of small sample numbers of adults? Or is it possibly a difficulty with imposing statistical analyses which give a normal distribution onto measured skills which do not follow a normal distribution pattern as described above, that follow an asymptote pattern of development. Is the box the wrong shape?

Other published adaptive functioning assessment research regarding adults with intellectual disability was sought. There is a growing interest in assessment of adults with ID, particularly where there is a comorbidity of autism or psychiatric illness and in looking at specific patterns in adaptive functioning with distinct syndromes (Di Nuovo & Buono, 2011; Fisher, Lense, & Dykens, 2016; Hayes, 2005; Matson et al., 2009; Matthews et al., 2015). Matson et al. (2009) used raw scores of the VABS (1984) rather than standard scores "to avoid possible floor effects due to participants impairment level" (p. 1319). Carter et al. (1998) identified the VABS (1984) standard scores as unreliable in patients with comorbid intellectual disability and autism. In a study looking at the long term outcome of adults with autism and intellectual disability, Fusar-Poli et al. (2017) chose to use raw sores and compared them to changes in standard scores because of floor effects. There is evidence in other settings of a similar issue.

7.10. Administration changes and use of norm tables

Two of the adaptation changes made with use within this context have been in administration and the use of norm tables.

7.10.1. Administration.

This was discussed by the psychologists and did not pertain directly to the research questions but is included as useful information. The VABS II manual recommends that "only you and the respondent should be in the room during the interview; the individual being assessed should not be present" (Sparrow et al., 2005, p. 13).

Given that many of our clients and some of their caregivers come from impoverished rural areas, many of the respondents are illiterate or barely literate, having had little to no formal schooling themselves. Further, given the limited time of the assessment, it is very helpful to both establish rapport and to get the best clinical estimate of the person's intellectual and adaptive functioning. There is also no one with whom the client feels comfortable, with whom she can sit, whilst interviewing the caregiver who has accompanied them. Given that this is already an emotionally stressful, given the context of sexual abuse and unknown situation, we have found it best that the client remains in the room with the caregiver during the interview and participates in the discussion. Ethically, this allows for a greater degree of inclusion in the process and allows the psychologist to verify information.

The change is aimed at getting the most reliable information. For example, the first item in the written subdomain is: *Identifies one or more alphabet letters as letters and distinguishes them from numbers.* A small chart with numerals to 10 and the letters of the alphabet is used to evaluate this item. The second item asks: *Recognises own name in printed form.* The psychologist may write their name and ask it directly from the client. Including the client in the process enables the psychologist to listen to those who know the client but also to listen to the client themselves, to hear their voice.

The other shift in administration was of needing to ask quite specifically about items. A response to asking what "Anna" helps with around the house may elicit an answer such as "Niks" [Nothing]. It would take more detailed and explicit questioning and probing to

explore that response. This has resulted in a more structured administration than suggested in the manual, at times more item by item, particularly when working in a different language to make sure that the responses were understood correctly.

7.10.2. Use of norm tables.

Clinically, it has been found that the norms tables for adults from 18-21:11 (Sparrow et al., 2005, p. 242) provide a differentiated spread of raw score conversions to standard score conversions in all three domains and in the further conversion to a composite score and that the scoring is a much closer estimate to our clinical judgement in older adults. These tables are used to inform clinical judgement for older adults as advised by Pearson and as informed by the following study.

Widaman et al. (1991), in their study of life span development of adaptive behaviours, found that adults across the ranges of intellectual disability reach asymptote in terms of independent living skills by approximately 16 years of age with approximate stability until 45 years. Cognitive competence asymptote is reached by 18-20 years in mild to moderate intellectual disability with no changes in mean levels until the mid-60's, with severe and profound intellectual disability reaching asymptote at 7-10 years with little to no change thereafter. In terms of social competence mild intellectual disability show improvements until the early 20's and show a small but steady decline after 30. Moderate intellectual disability show improvements in social competence until 10 years and then have an approximately 15 year period of stability before declines are small but steady thereafter. People with severe and profound disability show gains in social competence until about eight years of age, remain stable for about 10 years when declines then begin. Those with profound disability show a faster rate of decline than those with severe disability. After 20, people at all levels of intellectual disability show steady and parallel increase in social maladaptation levels through the remainder of the life span (see literature review section 2.4.4.).

This change in norm table use is documented in the psycho-legal report. The thinking behind it is linked to the reaching of asymptote of adaptive skills in adults as described previously. Developmentally, there is little change in adaptive skills during adulthood unless injury, trauma or illness result in limitations. We have applied the same to our thinking with people with intellectual disability. Even given the cultural differences and the trauma of the sexual abuse, the clinical findings for adult clients are often at odds with the standard scores of the VABS II if the age appropriate norms are used. The norms for adults with intellectual disability are inaccurate as described in the earlier chapters and in this discussion, with significant floor effects. Use of the 18-21:11 tables is more useful in providing information which agrees with clinical impressions. This is particularly important in a psycho-legal context. Large differences in test results and clinical diagnosis lead to questions regarding the validity of the diagnosis. The evaluation of adaptive functioning is informed by multiple sources: a comprehensive assessment and history, including using the VABS II with the client in the room, an assessment of their ability to testify, an assessment of their ability to consent to sexual intercourse. It is also acknowledged that clinical judgement is imperfect and limited and that in seeking best practice, there is an ongoing need to re-evaluate and keep informed.

7.11. Ability to testify

The results of this study are very different to results published in some research in this field in South Africa. Calitz et al. (2014) stated that in a study in Bloemfontein between 2003 and 2009 of 137 complainants, only *one* was able to testify in a court of law. During the period of 2000 to 2006, a study conducted by CMH regarding the effectiveness of the SAVE programme found that in 303 cases of abuse, 69% were found to be competent to testify in court with adequate court preparation and in many cases with the support of an intermediary. Those found competent (11.9%) were functioning in the range of severe intellectual

disability, 42.4% at the level of moderate disability and 45.7% at the level of mild disability (Cape Mental Health, 2008). The results of this study support that with 67% found able to testify, with 6.2% functioning in the range of severe intellectual disability, 12.2% in the range of moderate disability and 46% in the range of mild disability.

7.12. Exclusions

The process of exclusion uncovered the following information. There were no cases excluded for the reason of active comorbid psychiatric diagnosis at time of assessment in the latter years under review, 2012 and 2013 (refer to Table 7.11.). This points to a more rigorous initial screening process, undertaken by the social worker by which persons referred with an active comorbid psychiatric diagnosis would be identified and referred for treatment. These people would continue with the psycho-legal assessment once they were psychiatrically stable.

Table 7.11.

Breakdown of Reasons for Exclusion Regarding Comorbid Psychiatric Diagnosis at Time of Assessment

Reasons for exclusion	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**Total**
11. Active comorbid psychiatric diagnosis at time of assessment	2	4	1	3	2	2	4	0	0	18
11a. Degree of PTSD and trauma	2	2	1	2	0	0	1	0	0	8
11b. Dissociation with regards to sexual trauma	0	1	0	0	1	1	2	0	0	5
11c. Distractibility	0	1	0	0	0	0	0	0	0	1
11d. Heavily medicated	0	0	0	1	0	0	0	0	0	1
11e. Severe psychiatric disability accounts for low adaptive functioning not ID	0	0	0	0	0	1	0	0	0	1

11f. Psychotic symptoms at time of assessment	0	0	0	0	1	0	1	0	0	2

The other, rather disturbing, trend identified in the exclusions analysis was the increasing number of cases seen for a further, second assessment. This points to a significant failure in providing the necessary protection for persons already identified by social services, the police and the legal system as especially vulnerable (refer to Table 7.12.).

Table 7.12.

Breakdown of Reasons for Exclusion Regarding Datum Previously Entered for Another Case

Reasons for exclusion	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**Total**
17. Datum previously entered for another case		4				2	1	4	5	16

7.13. Concluding comments

This chapter has discussed the various research questions raised, summarised the findings of the research process and reviewed these in the light of other published research. Further discussion has included the construct of adaptive functioning and its relation to a normal distribution pattern, changes in administration of the VABS II, use of alternative norms tables and the validation thereof, challenged different findings in terms of ability to testify by people with intellectual disability published in South Africa and highlighted some of the issues raised through the process of exclusion. The final chapter will summarise the major findings of the research, identify areas of further research, further summarise the limitations of this research, as already discussed in various parts of the dissertation, and return to the stories of Sarai, Themba and Madelaine and link the motivation for this research and the examination of the assessment process to their lives.

Chapter Eight: Conclusion

8.1. Introduction

The sexual violence perpetrated on people with intellectual disability happens at alarming rates all over the world, an abuse of power and trust. South Africa is no exception. In 2015/16, a total of 51 895 sexual offences were recorded by police records in South Africa and are regarded as underreported (South African Police Service, 2016). Those with intellectual disability are not recorded separately.

Less able than the community around them, they may feel powerless or unable to reject the sexual demands of another or to say no to this when they are expected to be compliant in multiple ways in many contexts (Benedet & Grant, 2014).

The participants in this study represent a few, who have chosen to, or whose families have chosen to, say no, and have filed a police report. This process is often complicated by feelings of ambivalence, powerlessness, pressure and pain. The SAVE programme attempts to assist them in overcoming the systemic barriers which prevent access to the judicial system and to ask for an opportunity to be heard, for their right to say no, to be respected and acknowledged and for those who have taken advantage of their vulnerability to be examined. Formalised assessment, to describe their unique and general abilities and context to the court, is necessary and can and should be protective of further trauma, with due regard to the support needed.

Adaptive functioning is the intersection of the personal with the social environment and its demands, the very nature of adaptation is embedded in context. Assessment of adaptive functioning is needed, to be able to facilitate this person, to intersect with the social context of court and its demands.

Ranges of intellectual disability give the bare bones descriptively. It is useful to provide a description of personal context and distinctive abilities and difficulties in a nuanced

and individual picture. In this research, the statistical analysis has examined the normative data and appraised the categorical groupings and conclusions. The descriptive analysis has sought to provide the broad contextual information and the clinical item analysis to examine the useful and difficult in describing the particular for this person.

Mittler (2016) quotes the purpose of the UN Convention on the Rights of Persons with Disabilities:

> The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.
>
> (UN CRPD Article 1: Purpose, 2006)

He further quotes the chair of the drafting committee, MacKay as stating that "Central to this convention is the paradigm shift in the treatment of persons with disabilities from being objects of the law to being subjects of the law with the same rights as everyone else" (Mittler, 2016, p. 33). This paradigm shift has been central to the process and purpose of this research.

8.2. Summary of findings

8.2.1. The validity of the Vineland Adaptive Behavior Scales in the context of this study.

The VABS appears to be a reliable and valid assessment tool for people with intellectual disability in this context for those up to 22 years of age in all ranges of disability. It shows a moderate but statistically significant correlation with IQ scores as measured by the ISGSA as expected.

8.2.2. Limitations of the validity of the Vineland Adaptive Behavior Scales in the context of this study.

Over 22 years of age and into adulthood, there seems to be a pronounced floor effect evident in the norms tables. This is particularly evidenced for people scoring in the lower end of the mild disability range and below. Using the psychologists' assessment of adaptive functioning as caseness, the VABS was of high utility for the group under 22 but with sensitivity and specificity being reached at a standard score of 62, however, for the group of participants over 22 it was barely indicative of utility. Thus, it does not discriminate accurately between different levels of intellectual disability for this group. In 36.8% of cases, the VABS II underscores the range found in the concluding assessment of adaptive functioning by the psychologist. When examined more closely, the VABS II scores closely approximate the concluding range of adaptive functioning, except in the severe range, where 45.7% tended to underscore.

8.2.3. Significant association between variables and the Vineland Adaptive Behavior Scales in the context of this study.

There was a significant association between English language in the VABS and access to education in the VABS II with measurements of adaptive functioning. In both of these instances further research was indicated to explore and understand the relationship further. This is discussed later in the chapter.

8.2.4. The VABS 3.

Initial examination of the newly published VABS 3 norms for adults (2016), indicates some improvement but a continued floor effect, across all domains for those in the severe range, in the communication and daily living skills domains for those in the moderate range and in communication domain for those in the mild disability range. This warrants closer examination.

8.2.5. The role of clinical judgment.

Norms for adults should be used with caution and careful corroboration in the taking of the history, the measurement of IQ, collateral information from reliable informants and using descriptions such as that given in the DSM-5 of level of expected functioning and support needed, to come to a diagnosis. The importance of clinical judgment and its limitations were discussed. The findings referred to in sections 5.2.16. and 5.2.17. corroborate this.

8.2.6. Use in the psycho-legal context.

There was much useful qualitative information gained from the use of the VABS II and used in the psycho-legal report. Direct reference was made to information gleaned from the Communication and Daily Living Skills domains. The Socialisation domain was underreported and although valued in terms of assessment of capacity to give evidence and ability to consent, items from this domain were not reported with the frequency and diversity as in the other two domains. This needs further investigation

8.2.7. Addressing difficult items in the VABS II.

There has been extensive revision of the VABS II, in the new edition of the VABS 3. Many of the items, identified as difficult for contextual/cultural, linguistic/language or lack of opportunity reasons, for this group of clients, have been deleted (18.5%) or adapted (33.9%). Developmental sequencing of the items has been changed (25%) and some items moved to different subdomains (5.9%). Overall less than 50% has been retained. It is, however, longer, with a 19.4% increase in number of items and its evaluation for use in this particular context remains to be done. Its use for adults in discriminating different ranges of intellectual disability needs a cautious approach. The VABS 3 also introduces a slightly different scoring system for items which are given an estimated score. It remains to be seen how useful this is,

in addressing items for which our clients have no opportunity or their caregivers can only estimate their skill.

8.2.8. The asymptotic nature of adaptive functioning.

The asymptotic nature of adaptive functioning was described and the use of a normal distribution curve was questioned with regard to adaptive functioning being a different construct to the measurement of IQ. This is echoed by Tassé et al. (2012): "The threat of nonnormality seems less likely to have a significant impact among children, where one might expect some normal variability with respect to age of skill acquisition…the need to rely on assessment methods other than normative scoring to assess adaptive behavior" (p. 299).

8.3. Summary of the limitations of this research

8.3.1. Clinical prediction versus statistical prediction.

Meehl (1954) argues against clinical prediction and for statistical prediction. One of the limitations of this research is the lack of instruments which have been validated for use within our South African context, given the varied cultural, language, socioeconomic and educational background of the people who live here. We make use of an IQ test which has not been normed on isiXhosa speakers and use translators to assist in administration. In an ideal world it could be argued, this should change, as the International Test Commission (2016) recommend. In reality, as clinicians we have little time to do the needed research, given the clinical load. Whilst recognising the value of accurate statistical prediction, this research has also highlighted the limitations, even within a well-researched and tried and tested tool. We need to remain critical of our own practice but also of the inconsistencies between our own observations and judgment and that of the tests we use. Our clinical judgment and the tools we use are limited and need to be recognised as such.

8.3.2. Use of alternative tests.

The psychologists do use other tests, as referred to in the literature review (section 3.4.3), which were excluded from this sample for analysis purposes but it would be interesting to explore the use of some alternate tools for which there are applicable South African norms or which have been used in other countries. Cost, availability and appropriate norms are limitations to practice and to this research. The Ravens Matrices and the K-ABC II are examples where some South African norms have been developed, and the Leiter-R has been used cross culturally in other recent studies (Fusar-Poli et al., 2016). It would be useful to explore their use in this context.

Another tool which has been recently developed in terms of adaptive functioning, is the development under the auspices of the American Association of Intellectual and Developmental Disability (AAIDD) of the Diagnostic Adaptive Behavior Scales (DABS – at time of writing not available through the suppliers in this country). Several studies have been published regarding validity and reliability(Tassé et al., 2016), sensitivity and specificity (Balboni et al., 2014) and content factor structure (Arias, Ángel Verdugo, Navas, & E. Gómez, 2013). It has 25 items under Conceptual Skills, 25 items under Social Skills and 25 items under Practical skills. The aim was a tool that was as short as possible without losing precision. Item selection was by means of Item Response Theory within the three subscales so that those items would be selected that provided the most accurate information towards a cut off point for determining significant limitations in adaptive functioning. The norms were constructed on a sample of Americans from 4-21years. DABS sensitivity coefficients range from 81% to 98% and specificity from 89% to 91% indicating very good levels of diagnostic efficacy. Convergent validity coefficients, with the VABS II, ranged from 0.70 to 0.84, test-retest reliability coefficients ranged from 0.78 to 0.95 and inter-rater coefficients ranges from

0.61 to 0.87. The authors emphasise interpreting the DABS scores with reference to clinical judgment and to possible measurement error.

8.3.3. Limitations of context.

Time and resources limit the nature and depth of the assessment, with long waiting lists of clients to be seen. Assessment of trauma is often superficial and can only be referred to other sources of support either within the organisation or with other community or state services.

8.3.4. Limitations of locally normed tests.

These are often outdated and with limited reliability and validity research. A further limitation was the reliability and validity of IQ test translation, as mentioned previously.

8.3.5. A skewed sample.

The research accessed a skewed sample, with referral sources in the police services finding it easier to identify people in the moderate or low mild range of intellectual disability and below but finding it more difficult to necessarily identify people functioning at the higher range of mild disability.

8.3.6. Limitation of generalisability.

The very select nature of sample group of people all having had some form of sexual trauma, limits the ability to generalise findings but also adds a voice to those of others noting a difficulty with floor effects.

8.3.7. Limitation of focus.

The focus of the research imposes limitations. Many issues which arose out of this clinical context have not been addressed in the research. The issue of consent to sexual intercourse and sexuality amongst people with intellectual disability; the area of having to prove competency as a witness, as highlighted by Pillay (2012), is in and of itself discriminatory, as that proviso is not extended to every witness.

8.3.8. Use of composite versus domain scores.

Widaman et al. (1991) recommend the description of adaptive functioning to be inclusive and differentiated of the domains of conceptual skills, practical skills and social skills as their trajectories and pattern within the lifespan vary. By using a composite range, important detail is lost. In this research composite scores were used. A more detailed look at the pattern and differences in the domain scores, a limitation in this study, would be of interest for further research.

8.4. Areas of further research

8.4.1. Validity of the VABS in adult populations.

The use of adaptive functioning tools specifically with regard to their validity in adult populations of people with intellectual disability as described previously.

8.4.2. Research of intellectual disability in immigrant and refugee groups.

What happens to people with intellectual disability in immigrant and refugee situations? Mckenzie et al. (2013) ask what the impact of displacement due to conflict or forced migration is on families with disabled family members.

8.4.3. Hidden and unreported sexual abuse.

There is a disproportionately small number of White English speaking people with intellectual disability being referred according to urban Cape Town statistics. Where do they go? What is the relationship to rates of sexual abuse? Is sexual abuse hidden or underreported in this community?

8.4.4. Prevalence studies.

There is a need for prevalence studies both of intellectual disability and of rates of sexual abuse. Combrinck, Meer, and Bosch (2013) stress the need and importance of research in order to understand sexual violence, disability and access to justice.

8.4.5. Prevention of intellectual disability.

There is a need for education within communities regarding the preventable causes of intellectual disability. There has been a significant health education drive regarding the dangers of alcohol use in pregnancy in South Africa. However, it was striking how many caregivers did not know the cause of the intellectual disability of their family member, pointing to the powerlessness of not only the person with intellectual disability but also their caregiver. Do they feel free to ask? Do they understand what they are told? How do they make sense of the disability (Aldersey, Rutherford Turnbull, & Turnbull, 2014)?

8.4.6. Unexplored data.

The data set collected is rich with unexplored data which were beyond the scope of this research.

- Issues of consent, how it was evaluated, sex education, tools used to evaluate it, vitiated consent, the ability to refuse, and the understanding of sexually related matters, all warrant further investigation.
- Competence as a witness is another area which has rich research interest. The concepts of truth and falsehood and how these are understood by the clients, the court and how that intersects with disability, the issue of oath taking and the legal debate around requirements for people with intellectual disability being more rigorous and difficult and thus discriminatory in itself, than the standards by which other people are assessed (Pillay, 2012).
- The court process and outcomes, including the use of dolls and pictures and assistive aids in court is an area of interest and importance (Bornman et al., 2016), the importance and difference that use of an intermediary can make.
- The effectiveness of the social work intervention both for the urban clients and in the rural areas.

- Replicability of the services and adaptations to other contexts in South Africa.
- The importance and need for sex education as a preventive measure (Johns & Adnams, 2016).

8.4.7. Research priorities.

The consideration of research priorities in our context, given the limited resources for research, must be a part of research planning. The importance of targeted research to work toward "evidence of what works consistent with international human rights standards" (Tomlinson et al., 2014, p. 1121) must be considered.

8.5. The stories continued

Sarai was assessed and found to be functioning at the lower end of the mild range of intellectual disability, in terms of her adaptive functioning, and her IQ was a little higher, in the middle of the mild range. She was able to give a sequential and simple account of the alleged incidents. She had been unaware of the consequences of sexual intercourse possibly resulting in pregnancy, although she now understood this. She was very ambivalent about testifying due to threats from the family of the accused who live on the same farm. He had also threatened to kill her if she told anyone and that fear remained. Due to the pregnancy, there was undisputable evidence from the DNA regarding the paternity of the baby. The case went to court and the defence argued that it was consensual. Being 16 years old and because of the report of her anxiety by the psychologist, the recommendation for the use of an intermediary was allowed by the magistrate and Sarai could be clear that it was not consensual. The accused was sentenced to a seven-year prison term. She had the baby, who to this point seems to be developing normally and her aunt is helping her with his care. She was referred to the local social services agency in the area for ongoing support as it was difficult for her aunt to be absent from work and it was expensive to travel to our offices.

There was a great sense of heaviness when Sarai was re-referred to our services following another attempted sexual assault. This time, however, she was aware that she did not have to submit and could resist and could tell her aunt what had happened. Sarai was now 22. On reassessment, her IQ remained in the same range as before. If anything, she was functioning better and was actively involved in the care of her son. The trial and the resultant decision, no longer being subjected to ongoing abuse, despite this attempt by another person, had improved her self-agency. She had managed to push the alleged perpetrator away and had run home. She had wanted to press charges. However, when adaptive functioning was assessed, using the VABS II, she scored in the severe disability range of adaptive functioning. This made no sense.

Themba was assessed and found to be functioning in the upper moderate range of intellectual disability both in terms of IQ and adaptive functioning. He found it very difficult to talk about the alleged incident to a strange psychologist who did not speak his language, even though he developed a good relationship with the CMH social worker who served his geographic area and who was the case manager and acted as a translator for the assessment process. It was decided that the court process would traumatise him further and that he was not able to give evidence. His mother had acted with foresight and taken him to the nearest health centre on finding him at home. The doctor had taken samples on examination and there was convincing medical evidence of the rape. Of the four teenage boys who were arrested, two were found to have been sexually abused themselves, one was living in a home with ongoing domestic violence and the fourth was found to be mildly intellectually disabled himself. He had been the one who had had to hold Themba down during the assault. He was the one who admitted involvement.

As the boys involved were between the ages of 10 and 14 years, the court referred them to a diversionary programme (Omar, 2012). Themba's formal assessment and his

deteriorated adaptive functioning, due to the trauma, was communicated to the support team in the department of education with motivational letters for appropriate school placement. The trauma he had suffered placed him in a higher need category and he was placed in a school nearer to his mother's workplace. A letter of motivation was also written to his mother's employer, with her consent, motivating for her work to be limited to day shifts to allow her to provide adequate care and supervision for Themba. The social worker with whom he had formed a good relationship facilitated these interventions, provided court preparation for Themba and his mother and support through the court process. An application has been made for housing which remains to be allocated as there are very long waiting lists, despite the letter of motivation by the social worker.

Madelaine was assessed and found to be functioning in the range of mild intellectual disability in terms of her IQ score, but the VABS II composite score placed her in the range of severe disability. Given her participation in the protective workshop at the residential facility and her level of communication during the assessment, along with a report from the care worker at the residential facility, the psychologist assessed her to be in the range of mild intellectual disability. This was documented in the report. Recommendation was made for the use of an intermediary but, given her age, this is at the discretion of the magistrate. It was not allowed. During the trial, the defence lawyer picked up on the discrepancy of the VABS II assessment and the conclusion of the psychologist. The prosecutor was inexperienced and did not facilitate the psychologist being able to explain her reasoning to the court whilst in the witness stand giving expert testimony. Madelaine had to give evidence in open court. She found this very difficult given her conflicted feelings about the perpetrator. Further, the complicated questioning of the defence lawyer led her to contradict herself and she was not given adequate protection from this line of aggressive questioning by the prosecutor. The accused was acquitted.

Madelaine's family decided to move her to an alternative care facility which was much more proactive in terms of sex education and she has settled there.

8.6. Concluding comments

Psychological assessment within this context has far reaching consequences. It was cases such as the ones described above, that motivated this research. If we are to make access to justice a reality for people with intellectual disability, then we have to keep working at ensuring that the tools we use are sensitive and specific, and that we continue to update our skills to provide thoughtful and reflective practice.

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Appendices

Appendix A: Vineland Social Maturity Scale

AGS

Vineland Social Maturity Scale

BY EDGAR A. DOLL, Ph.D.

NAME..... (Last / First) Sex..... Grade..... Date..... (Year / Month / Day)

Residence..... School..... Born..... (Year / Month / Day)

M.A..... I.Q..... Test Used..... When..... Age..... (Years / Months / Days)

Occupation..... Class..... Years Exp..... Schooling.....

Father's Occupation..... Class..... Years Exp..... Schooling.....

Mother's Occupation..... Class..... Years Exp..... Schooling.....

Informant..... Relationship..... Recorder.....

Informant's est..... Basal Score*.....

Handicaps..... Additional pts.....

REMARKS: Total score.....

Age equivalent.....

Social quotient.....

Age Periods

0 - I

Category†	Score*	Items	LA Mean
C	.....	1. "Crows"; laughs	.25
SHG	.....	2. Balances head	.25
SHG	.....	3. Grasps objects within reach	.30
S	.....	4. Reaches for familiar persons	.30
SHG	.....	5. Rolls over	.30
SHG	.....	6. Reaches for nearby objects	.35
O	.....	7. Occupies self unattended	.43
SHG	.....	8. Sits unsupported	.45
SHG	.....	9. Pulls self upright	.55
C	.....	10. "Talks"; imitates sounds	.55
SHE	.....	11. Drinks from cup or glass assisted	.55
L	.....	12. Moves about on floor	.63
SHG	.....	13. Grasps with thumb and finger	.65
S	.....	14. Demands personal attention	.70
SHG	.....	15. Stands alone	.85
SHE	.....	16. Does not drool	.90
C	.....	17. Follows simple instructions	.93

† Key to categorical arrangement of items:
SHG — Self-help general
SHD — Self-help dressing
SHE — Self-help eating
C — Communication
SD — Self-direction
S — Socialization
L — Locomotion
O — Occupation

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I - II

L	18.	Walks about room unattended	1.03
O	19.	Marks with pencil or crayon	1.10
SHE	20.	Masticates food	1.10
SHD	21.	Pulls off socks	1.13
O	22.	Transfers objects	1.20
SHG	23.	Overcomes simple obstacles	1.30
O	24.	Fetches or carries familiar objects	1.38
SHE	25.	Drinks from cup or glass unassisted	1.40
SHG	26.	Gives up baby carriage	1.43
S	27.	Plays with other children	1.50
SHE	28.	Eats with spoon	1.53
L	29.	Goes about house or yard	1.63
SHE	30.	Discriminates edible substances	1.65
C	31.	Uses names of familiar objects	1.70
L	32.	Walks upstairs unassisted	1.75
SHE	33.	Unwraps candy	1.85
C	34.	Talks in short sentences	1.95

II - III

SHG	35.	Asks to go to toilet	1.98
O	36.	Initiates own play activities	2.03
SHD	37.	Removes coat or dress	2.05
SHE	38.	Eats with fork	2.35
SHE	39.	Gets drink unassisted	2.43
SHD	40.	Dries own hands	2.60
SHG	41.	Avoids simple hazards	2.85
SHD	42.	Puts on coat or dress unassisted	2.85
O	43.	Cuts with scissors	2.88
C	44.	Relates experiences	3.15

III - IV

L	45.	Walks downstairs one step per tread	3.23
S	46.	Plays cooperatively at kindergarten level	3.28
SHD	47.	Buttons coat or dress	3.35
O	48.	Helps at little household tasks	3.55
S	49.	"Performs" for others	3.75
SHD	50.	Washes hands unaided	3.83

IV - V

SHG	51.	Cares for self at toilet	3.83
SHD	52.	Washes face unassisted	4.65
L	53.	Goes about neighborhood unattended	4.70
SHD	54.	Dresses self except tying	4.80
O	55.	Uses pencil or crayon for drawing	5.13
S	56.	Plays competitive exercise games	5.13

V - VI

O	57.	Uses skates, sled, wagon	5.13
C	58.	Prints simple words	5.23
S	59.	Plays simple table games	5.63
SD	60.	Is trusted with money	5.83
L	61.	Goes to school unattended	5.83

VI - VII

SHE	62.	Uses table knife for spreading	6.03
C	63.	Uses pencil for writing	6.15
SHD	64.	Bathes self assisted	6.23
SHD	65.	Goes to bed unassisted	6.75

VII - VIII

SHG	66.	Tells time to quarter hour	7.28
SHE	67.	Uses table knife for cutting	8.05
S	68.	Disavows literal Santa Claus	8.28
S	69.	Participates in pre-adolescent play	8.28
SHD	70.	Combs or brushes hair	8.45

VIII - IX

O	71.	Uses tools or utensils	8.50
O	72.	Does routine household tasks	8.53
C	73.	Reads on own initiative	8.55
SHD	74.	Bathes self unaided	8.85

IX - X

SHE	75.	Cares for self at table	9.03
SD	76.	Makes minor purchases	9.38
L	77.	Goes about home town freely	9.43

X - XI

C	78.	Writes occasional short letters	9.63
C	79.	Makes telephone calls	10.30
O	80.	Does small remunerative work	10.90
C	81.	Answers ads: purchases by mail	11.20

XI - XII

O	82.	Does simple creative work	11.25
SD	83.	Is left to care for self or others	11.45
C	84.	Enjoys books, newspapers, magazines	11.58

XII - XV

S	85.	Plays difficult games	12.30
SHD	86.	Exercises complete care of dress	12.38
SD	87.	Buys own clothing accessories	13.00
S	88.	Engages in adolescent group activities	14.10
O	89.	Performs responsible routine chores	14.65

XV - XVIII

C	90.	Communicates by letter	14.95
C	91.	Follows current events	15.35
L	92.	Goes to nearby places alone	15.85
SD	93.	Goes out unsupervised daytime	16.13
SD	94.	Has own spending money	16.53
SD	95.	Buys all own clothing	17.37

XVIII - XX

L	96.	Goes to distant points alone	18.05
SD	97.	Looks after own health	18.48
O	98.	Has a job or continues schooling	18.53
SD	99.	Goes out nights unrestricted	18.70
SD	100.	Controls own major expenditures	19.68
SD	101.	Assumes personal responsibility	20.53

XX - XXV

SD	102.	Uses money providently	21.5+
S	103.	Assumes responsibility beyond own needs	21.5+
S	104.	Contributes to social welfare	25+
SD	105.	Provides for future	25+

XXV+

O	106.	Performs skilled work	25+
O	107.	Engages in beneficial recreation	25+
O	108.	Systematizes own work	25+
S	109.	Inspires confidence	25+
S	110.	Promotes civic progress	25+
O	111.	Supervises occupational pursuits	25+
SD	112.	Purchases for others	25+
O	113.	Directs or manages affairs of others	25+
O	114.	Performs expert or professional work	25+
S	115.	Shares community responsibility	25+
O	116.	Creates own opportunities	25+
S	117.	Advances general welfare	25+

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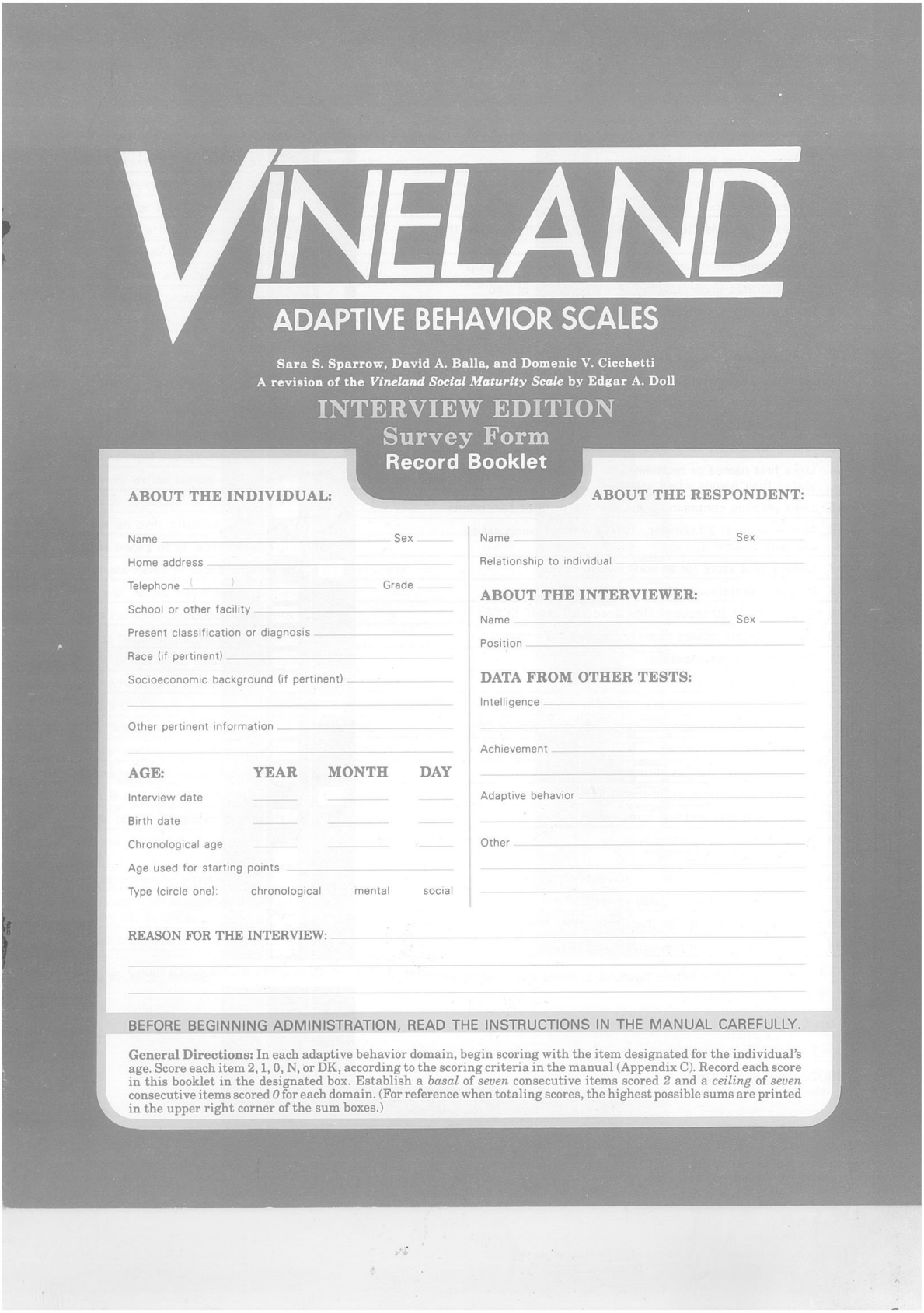
Appendix B: Vineland Adaptive Behavior Scales Interview Edition Survey Form



VINELAND

ADAPTIVE BEHAVIOR SCALES

Sara S. Sparrow, David A. Balla, and Domenic V. Cicchetti
A revision of the *Vineland Social Maturity Scale* by Edgar A. Doll

INTERVIEW EDITION
Survey Form
Record Booklet

ABOUT THE INDIVIDUAL:

Name _____ Sex _____
Home address _____
Telephone ( ) _____ Grade _____
School or other facility _____
Present classification or diagnosis _____
Race (if pertinent) _____
Socioeconomic background (if pertinent) _____
_____
Other pertinent information _____
_____

AGE:	YEAR	MONTH	DAY
Interview date			
Birth date			
Chronological age			

Age used for starting points _____
Type (circle one): chronological mental social

ABOUT THE RESPONDENT:

Name _____ Sex _____
Relationship to individual _____

ABOUT THE INTERVIEWER:

Name _____ Sex _____
Position _____

DATA FROM OTHER TESTS:

Intelligence _____
_____
Achievement _____
_____
Adaptive behavior _____
_____
Other _____
_____
_____

REASON FOR THE INTERVIEW: _____
_____
_____

BEFORE BEGINNING ADMINISTRATION, READ THE INSTRUCTIONS IN THE MANUAL CAREFULLY.

General Directions: In each adaptive behavior domain, begin scoring with the item designated for the individual's age. Score each item 2, 1, 0, N, or DK, according to the scoring criteria in the manual (Appendix C). Record each score in this booklet in the designated box. Establish a *basal* of *seven* consecutive items scored *2* and a *ceiling* of *seven* consecutive items scored *0* for each domain. (For reference when totaling scores, the highest possible sums are printed in the upper right corner of the sum boxes.)

COMMUNICATION DOMAIN

ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

		RECEPTIVE	EXPRESSIVE	WRITTEN	COMMENTS
<1	1. Turns eyes and head toward sound.	☐			
	2. Listens at least momentarily when spoken to by caregiver.	☐			
	3. Smiles in response to presence of caregiver.		☐		
	4. Smiles in response to presence of familiar person other than caregiver.		☐		
	5. Raises arms when caregiver says, "Come here" or "Up."	☐			
	6. Demonstrates understanding of the meaning of "no."	☐			
	7. Imitates sounds of adults immediately after hearing them.		☐		
	8. Demonstrates understanding of the meaning of at least 10 words.	☐			
1	9. Gestures appropriately to indicate "yes," "no," and "I want."		☐		
	10. Listens attentively to instructions.	☐			
	11. Demonstrates understanding of the meaning of "yes" or "okay."	☐			
	12. Follows instructions requiring an action and an object.	☐			
	13. Points accurately to at least one major body part when asked.	☐			
	14. Uses first names or nicknames of siblings, friends, or peers, or states their names when asked.		☐		
	15. Uses phrases containing a noun and a verb, or two nouns.		☐		
	16. Names at least 20 familiar objects without being asked. DO NOT SCORE 1.		☐		
	17. Listens to a story for at least five minutes.	☐			
	18. Indicates preference when offered a choice.		☐		
2	19. Says at least 50 recognizable words. DO NOT SCORE 1.		☐		
	20. Spontaneously relates experiences in simple terms.		☐		
	21. Delivers a simple message.		☐		
	22. Uses sentences of four or more words.		☐		
	23. Points accurately to all body parts when asked. DO NOT SCORE 1.	☐			
	24. Says at least 100 recognizable words. DO NOT SCORE 1.		☐		
	25. Speaks in full sentences.		☐		
	26. Uses "a" and "the" in phrases or sentences.		☐		
	27. Follows instructions in "if-then" form.	☐			
	28. States own first and last name when asked.		☐		
	29. Asks questions beginning with "what," "where," "who," "why," and "when." DO NOT SCORE 1.		☐		
3, 4	30. States which of two objects not present is bigger.		☐		
	31. Relates experiences in detail when asked.		☐		
	32. Uses either "behind" or "between" as a preposition in a phrase.		☐		
	33. Uses "around" as a preposition in a phrase.		☐		
		24	42	0	

Count items before basal as 2, items after ceiling as 0.

Sum of 2s, 1s, 0s page 2

COMMENTS

RECEPTIVE

EXPRESSIVE

WRITTEN

2

ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

COMMUNICATION DOMAIN

		RECEPTIVE	EXPRESSIVE	WRITTEN	COMMENTS
	34. Uses phrases or sentences containing "but" and "or."		☐		
	35. Articulates clearly, without sound substitutions.		☐		
	36. Tells popular story, fairy tale, lengthy joke, or television show plot.		☐		
5	37. Recites all letters of the alphabet from memory.			☐	
	38. Reads at least three common signs.			☐	
	39. States month and day of birthday when asked.		☐		
	40. Uses irregular plurals.		☐		
6	41. Prints or writes own first and last name.			☐	
	42. States telephone number when asked. N MAY BE SCORED.		☐		
	43. States complete home address, including city and state, when asked.		☐		
	44. Reads at least 10 words silently or aloud.			☐	
	45. Prints or writes at least 10 words from memory.			☐	
	46. Expresses ideas in more than one way, without assistance.		☐		
	47. Reads simple stories aloud.			☐	
7, 8	48. Prints or writes simple sentences of three or four words.			☐	
	49. Attends to school or public lecture more than 15 minutes.	☐			
	50. Reads on own initiative.			☐	
	51. Reads books of at least second-grade level.			☐	
	52. Arranges items or words alphabetically by first letter.			☐	
	53. Prints or writes short notes or messages.			☐	
9	54. Gives complex directions to others.		☐		
	55. Writes beginning letters. DO NOT SCORE 1.			☐	
	56. Reads books of at least fourth-grade level.			☐	
	57. Writes in cursive most of the time. DO NOT SCORE 1.			☐	
10 to 18+	58. Uses a dictionary.			☐	
	59. Uses the table of contents in reading materials.			☐	
	60. Writes reports or compositions. DO NOT SCORE 1.			☐	
	61. Addresses envelopes completely.			☐	
	62. Uses the index in reading materials.			☐	
	63. Reads adult newspaper stories. N MAY BE SCORED.			☐	
	64. Has realistic long-range goals and describes in detail plans to achieve them.		☐		
	65. Writes advanced letters.			☐	
	66. Reads adult newspaper or magazine stories each week. N MAY BE SCORED.			☐	
	67. Writes business letters. DO NOT SCORE 1.			☐	

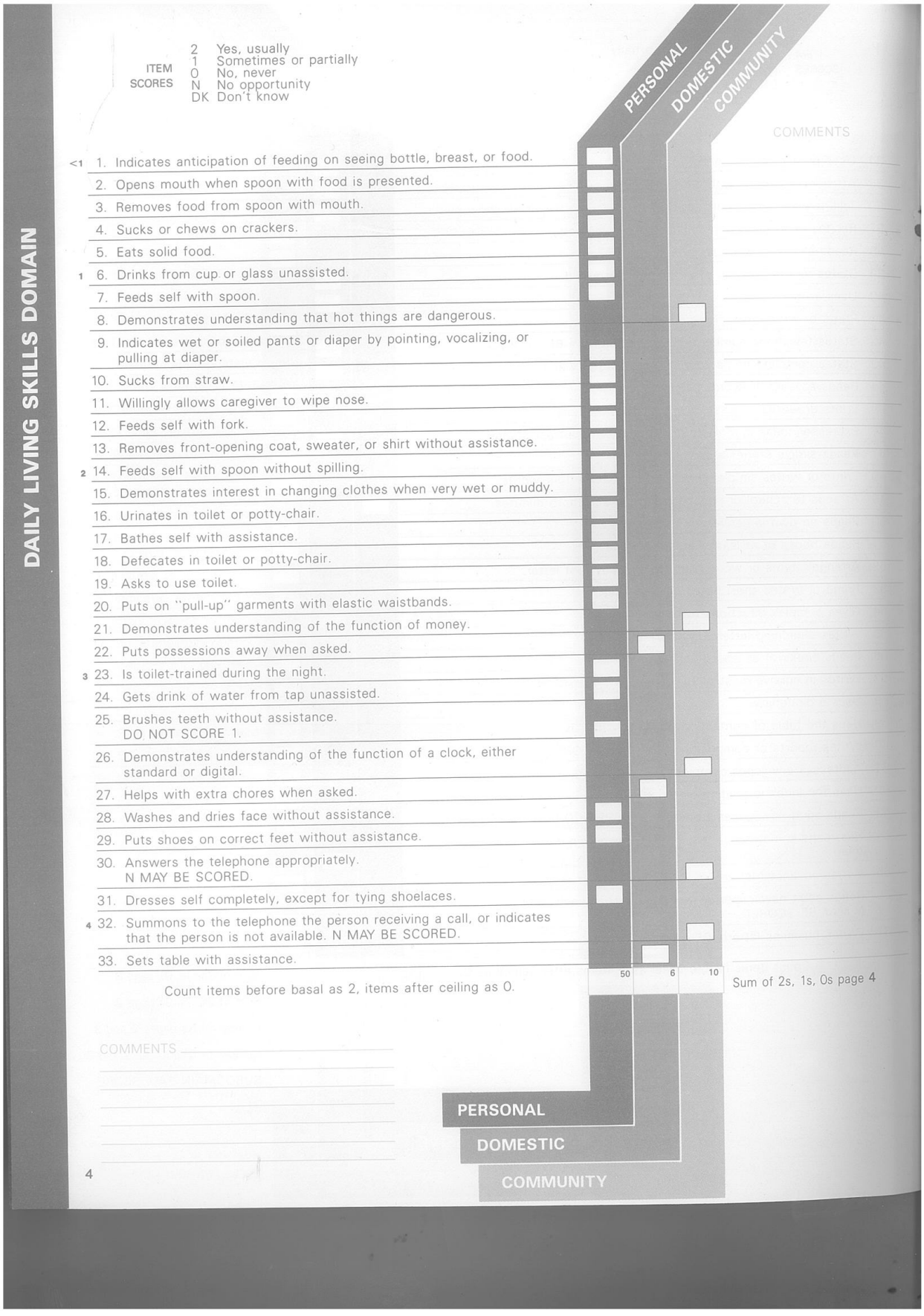
Count items before basal as 2, items after ceiling as 0.

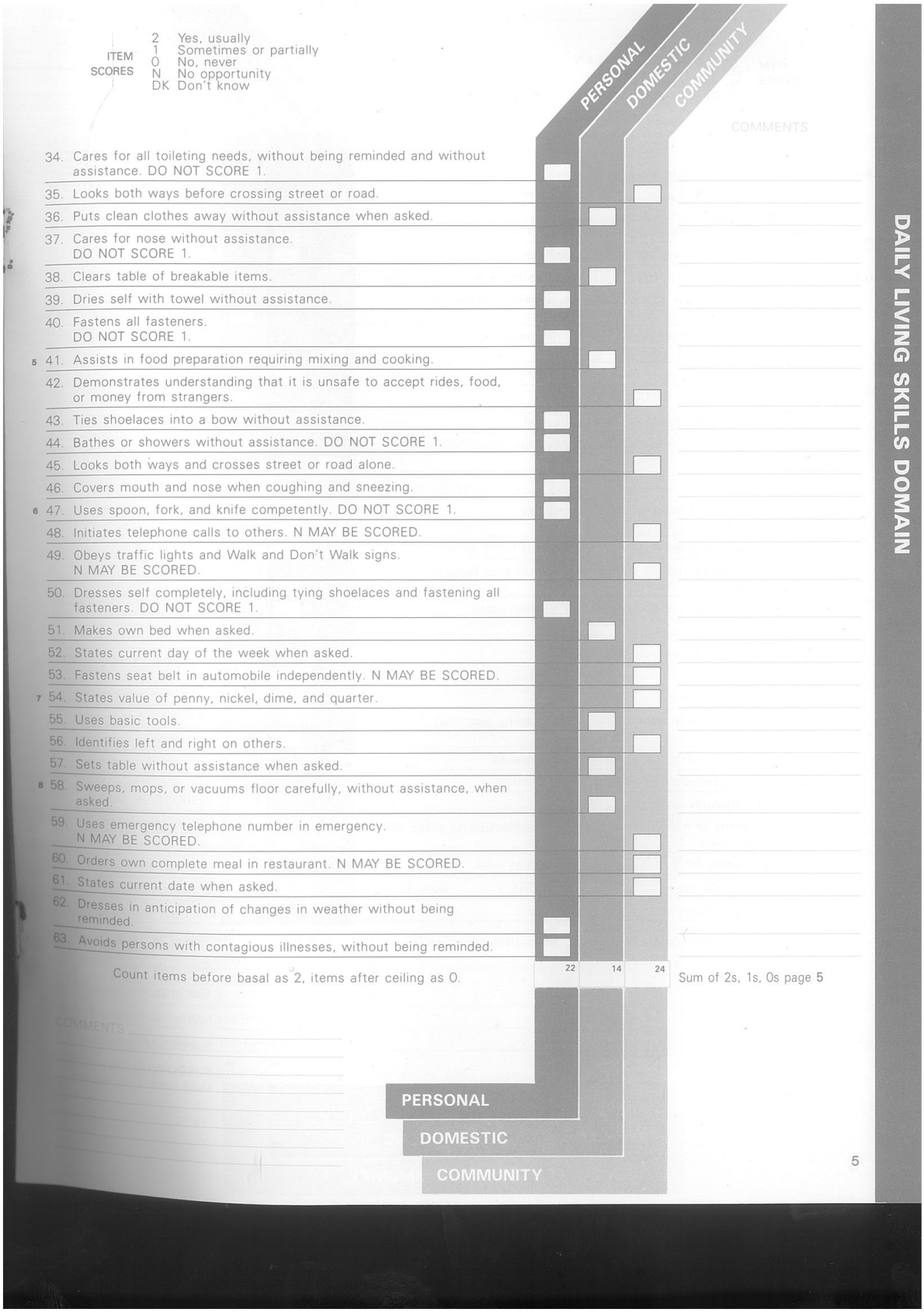
	RECEPTIVE	EXPRESSIVE	WRITTEN	
1.	2	20	46	Sum of 2s, 1s, 0s page 3
2.				Sum of 2s, 1s, 0s page 2
3.				Number of Ns pages 2 and 3
4.				Number of DKs pages 2 and 3
	26	62	46	SUBDOMAIN RAW SCORE (Add rows 1—4 above)

RECEPTIVE
EXPRESSIVE
WRITTEN

COMMENTS

3





ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

PERSONAL | DOMESTIC | COMMUNITY

DAILY LIVING SKILLS DOMAIN

COMMENTS

34. Cares for all toileting needs, without being reminded and without assistance. DO NOT SCORE 1.
35. Looks both ways before crossing street or road.
36. Puts clean clothes away without assistance when asked.
37. Cares for nose without assistance. DO NOT SCORE 1.
38. Clears table of breakable items.
39. Dries self with towel without assistance.
40. Fastens all fasteners. DO NOT SCORE 1.
5 41. Assists in food preparation requiring mixing and cooking.
42. Demonstrates understanding that it is unsafe to accept rides, food, or money from strangers.
43. Ties shoelaces into a bow without assistance.
44. Bathes or showers without assistance. DO NOT SCORE 1.
45. Looks both ways and crosses street or road alone.
46. Covers mouth and nose when coughing and sneezing.
6 47. Uses spoon, fork, and knife competently. DO NOT SCORE 1.
48. Initiates telephone calls to others. N MAY BE SCORED.
49. Obeys traffic lights and Walk and Don't Walk signs. N MAY BE SCORED.
50. Dresses self completely, including tying shoelaces and fastening all fasteners. DO NOT SCORE 1.
51. Makes own bed when asked.
52. States current day of the week when asked.
53. Fastens seat belt in automobile independently. N MAY BE SCORED.
7 54. States value of penny, nickel, dime, and quarter.
55. Uses basic tools.
56. Identifies left and right on others.
57. Sets table without assistance when asked.
8 58. Sweeps, mops, or vacuums floor carefully, without assistance, when asked.
59. Uses emergency telephone number in emergency. N MAY BE SCORED.
60. Orders own complete meal in restaurant. N MAY BE SCORED.
61. States current date when asked.
62. Dresses in anticipation of changes in weather without being reminded.
63. Avoids persons with contagious illnesses, without being reminded.

Count items before basal as 2, items after ceiling as 0.

22 | 14 | 24

Sum of 2s, 1s, 0s page 5

COMMENTS

PERSONAL
DOMESTIC
COMMUNITY

5

DAILY LIVING SKILLS DOMAIN

ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

		PERSONAL	DOMESTIC	COMMUNITY	COMMENTS
9, 10	64. Tells time by five-minute segments.				
	65. Cares for hair without being reminded and without assistance. DO NOT SCORE 1.				
	66. Uses stove or microwave oven for cooking.				
	67. Uses household cleaning products appropriately and correctly.				
11, 12	68. Correctly counts change from a purchase costing more than a dollar.				
	69. Uses the telephone for all kinds of calls, without assistance. N MAY BE SCORED.				
	70. Cares for own fingernails without being reminded and without assistance. DO NOT SCORE 1.				
	71. Prepares foods that require mixing and cooking, without assistance.				
13, 14, 15	72. Uses a pay telephone. N MAY BE SCORED.				
	73. Straightens own room without being reminded.				
	74. Saves for and has purchased at least one major recreational item.				
	75. Looks after own health.				
16	76. Earns spending money on a regular basis.				
	77. Makes own bed and changes bedding routinely. DO NOT SCORE 1.				
	78. Cleans room other than own regularly, without being asked.				
	79. Performs routine household repairs and maintenance tasks without being asked.				
17 to 18+	80. Sews buttons, snaps, or hooks on clothes when asked.				
	81. Budgets for weekly expenses.				
	82. Manages own money without assistance.				
	83. Plans and prepares main meal of the day without assistance.				
	84. Arrives at work on time.				
	85. Takes complete care of own clothes without being reminded. DO NOT SCORE 1.				
	86. Notifies supervisor if arrival at work will be delayed.				
	87. Notifies supervisor when absent because of illness.				
	88. Budgets for monthly expenses.				
	89. Sews own hems or makes other alterations without being asked and without assistance.				
	90. Obeys time limits for coffee breaks and lunch at work.				
	91. Holds full-time job responsibly. DO NOT SCORE 1.				
	92. Has checking account and uses it responsibly.				

Count items before basal as 2, items after ceiling as 0.

	PERSONAL	DOMESTIC	COMMUNITY	
1.	6	22	30	Sum of 2s, 1s, 0s page 6
2.				Sum of 2s, 1s, 0s page 5
3.				Sum of 2s, 1s, 0s page 4
4.				Number of Ns pages 4, 5, 6
5.				Number of DKs pages 4, 5, 6
	78	42	64	SUBDOMAIN RAW SCORE (Add rows 1—5 above)

COMMENTS

PERSONAL
DOMESTIC
COMMUNITY

ITEM SCORES

2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

		INTERPERSONAL RELATIONSHIPS	PLAY & LEISURE TIME	COPING SKILLS
<1	1. Looks at face of caregiver.	☐		
	2. Responds to voice of caregiver or another person.	☐		
	3. Distinguishes caregiver from others.	☐		
	4. Shows interest in novel objects or new people.		☐	
	5. Expresses two or more recognizable emotions such as pleasure, sadness, fear, or distress.	☐		
	6. Shows anticipation of being picked up by caregiver.	☐		
	7. Shows affection toward familiar people.	☐		
	8. Shows interest in children or peers other than siblings.		☐	
	9. Reaches for familiar person.	☐		
	10. Plays with toy or other object alone or with others.		☐	
	11. Plays very simple interaction games with others.		☐	
	12. Uses common household objects for play.		☐	
	13. Shows interest in activities of others.		☐	
	14. Imitates simple adult movements, such as clapping hands or waving good-bye, in response to a model.	☐		
1, 2	15. Laughs or smiles appropriately in response to positive statements.	☐		
	16. Addresses at least two familiar people by name.	☐		
	17. Shows desire to please caregiver.	☐		
	18. Participates in at least one game or activity with others.		☐	
	19. Imitates a relatively complex task several hours after it was performed by another.	☐		
	20. Imitates adult phrases heard on previous occasions.	☐		
	21. Engages in elaborate make-believe activities, alone or with others.		☐	
3	22. Shows a preference for some friends over others.	☐		
	23. Says "please" when asking for something.			☐
	24. Labels happiness, sadness, fear, and anger in self.	☐		
	25. Identifies people by characteristics other than name, when asked.	☐		
4	26. Shares toys or possessions without being told to do so.		☐	
	27. Names one or more favorite television programs when asked, and tells on what days and channels the programs are shown. N MAY BE SCORED.		☐	
	28. Follows rules in simple games without being reminded.		☐	
	29. Has a preferred friend of either sex.	☐		
	30. Follows school or facility rules.			☐
5	31. Responds verbally and positively to good fortune of others.	☐		
	32. Apologizes for unintentional mistakes.			☐
	33. Has a group of friends.	☐		
	34. Follows community rules.			☐
6	35. Plays more than one board or card game requiring skill and decision making.		☐	
	36. Does not talk with food in mouth.			☐
	37. Has a best friend of the same sex.	☐		
		40	24	10

Count items before basal as 2, items after ceiling as 0.

Sum of 2s, 1s, 0s page 7

INTERPERSONAL RELATIONSHIPS

PLAY & LEISURE TIME

COPING SKILLS

COMMENTS

SOCIALIZATION DOMAIN

7

SOCIALIZATION DOMAIN

ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

		INTERPERSONAL RELATIONSHIPS	PLAY & LEISURE TIME	COPING SKILLS	COMMENTS
	38. Responds appropriately when introduced to strangers.			☐	
7, 8	39. Makes or buys small gifts for caregiver or family member on major holidays, on own initiative.	☐			
	40. Keeps secrets or confidences for more than one day.			☐	
	41. Returns borrowed toys, possessions, or money to peers, or returns borrowed books to library.			☐	
	42. Ends conversations appropriately.			☐	
9	43. Follows time limits set by caregiver.			☐	
	44. Refrains from asking questions or making statements that might embarrass or hurt others.			☐	
	45. Controls anger or hurt feelings when denied own way.			☐	
	46. Keeps secrets or confidences for as long as appropriate.			☐	
10,11	47. Uses appropriate table manners without being told. DO NOT SCORE 1.			☐	
	48. Watches television or listens to radio for information about a particular area of interest. N MAY BE SCORED.		☐		
	49. Goes to evening school or facility events with friends, when accompanied by an adult. N MAY BE SCORED.		☐		
	50. Independently weighs consequences of actions before making decisions.			☐	
	51. Apologizes for mistakes or errors in judgment.			☐	
12, 13, 14	52. Remembers birthdays or anniversaries of immediate family members and special friends.	☐			
	53. Initiates conversations on topics of particular interest to others.	☐			
	54. Has a hobby.		☐		
	55. Repays money borrowed from caregiver.			☐	
15 to 18+	56. Responds to hints or indirect cues in conversation.	☐			
	57. Participates in nonschool sports. N MAY BE SCORED.		☐		
	58. Watches television or listens to radio for practical, day-to-day information. N MAY BE SCORED.		☐		
	59. Makes and keeps appointments.			☐	
	60. Watches television or listens to radio for news independently. N MAY BE SCORED.		☐		
	61. Goes to evening school or facility events with friends, without adult supervision. N MAY BE SCORED.		☐		
	62. Goes to evening nonschool or nonfacility events with friends, without adult supervision.		☐		
	63. Belongs to older adolescent organized club, interest group, or social or service organization.	☐			
	64. Goes with one person of opposite sex to party or public event where many people are present.	☐			
	65. Goes on double or triple dates.	☐			
	66. Goes on single dates.	☐			

Count items before basal as 2, items after ceiling as 0.

1.	16	16	26	Sum of 2s, 1s, 0s page 8
2.				Sum of 2s, 1s, 0s page 7
3.				Number of Ns pages 7 and 8
4.				Number of DKs pages 7 and 8
	56	40	36	SUBDOMAIN RAW SCORE (Add rows 1—4 above)

COMMENTS

ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
N No opportunity
DK Don't know

Note: The Motor Skills domain is for individuals 5-11-30 or under, and optional for older individuals for whom a motor deficit is suspected. See Chapters 4 and 5 in the manual for procedures for administering and scoring the Motor Skills domain for individuals 6-0-0 or older.

		GROSS	FINE
<1	1. Holds head erect for at least 15 seconds without assistance when held vertically in caregiver's arms.	☐	
	2. Sits supported for at least one minute.	☐	
	3. Picks up small object with hands, in any way.		☐
	4. Transfers object from one hand to the other.		☐
	5. Picks up small object with thumb and fingers.		☐
	6. Raises self to sitting position and maintains position unsupported for at least one minute.	☐	
	7. Crawls across floor on hands and knees, without stomach touching floor.	☐	
	8. Opens doors that require only pushing or pulling.		☐
1	9. Rolls ball while sitting.	☐	
	10. Walks as primary means of getting around.	☐	
	11. Climbs both in and out of bed or steady adult chair.	☐	
	12. Climbs on low play equipment.	☐	
	13. Marks with pencil, crayon, or chalk on appropriate writing surface.		☐
2	14. Walks up stairs, putting both feet on each step.	☐	
	15. Walks down stairs, forward, putting both feet on each step.	☐	
	16. Runs smoothly, with changes in speed and direction.	☐	
	17. Opens doors by turning and pulling doorknobs.		☐
	18. Jumps over small object.	☐	
	19. Screws and unscrews lid of jar.		☐
	20. Pedals tricycle or other three-wheeled vehicle for at least six feet. N MAY BE SCORED.	☐	
	21. Hops on one foot at least once, while holding on to another person or stable object, without falling.	☐	
	22. Builds three-dimensional structures, with at least five blocks.		☐
	23. Opens and closes scissors with one hand.		☐
3, 4+	24. Walks down stairs with alternating feet, without assistance.	☐	
	25. Climbs on high play equipment.	☐	
	26. Cuts across a piece of paper with scissors.		☐
	27. Hops forward on one foot at least three times without losing balance. DO NOT SCORE 1.	☐	
	28. Completes non-inset puzzle of at least six pieces. DO NOT SCORE 1.		☐
	29. Draws more than one recognizable form with pencils or crayons.		☐
	30. Cuts paper along a line with scissors.		☐
	31. Uses eraser without tearing paper.		☐
	32. Hops forward on one foot with ease. DO NOT SCORE 1.	☐	
	33. Unlocks key locks.		☐
	34. Cuts out complex items with scissors.		☐
	35. Catches small ball thrown from a distance of 10 feet, even if moving is necessary to catch it.	☐	
	36. Rides bicycle without training wheels, without falling. N MAY BE SCORED.	☐	

Count items before basal as 2, items after ceiling as 0.

COMMENTS

	GROSS	FINE	
1.			Sum of 2s, 1s, 0s page 9
2.			Number of Ns page 9
3.			Number of DKs page 9
	40	32	SUBDOMAIN RAW SCORE (Add rows 1—3 above)

GROSS

FINE

COMMENTS

9

MALADAPTIVE BEHAVIOR DOMAIN

Note: The Maladaptive Behavior domain is for individuals 5-0-0 or older. Administration is optional.

ITEM SCORES
2 Yes, usually
1 Sometimes or partially
0 No, never
DO NOT SCORE N OR DK.

COMMENTS

PART 1

1. Sucks thumb or fingers.		
2. Is overly dependent.		
3. Withdraws.		
4. Wets bed.		
5. Exhibits an eating disturbance.		
6. Exhibits a sleep disturbance.		
7. Bites fingernails.		
8. Avoids school or work.		
9. Exhibits extreme anxiety.		
10. Exhibits tics.		
11. Cries or laughs too easily.		
12. Has poor eye contact.		
13. Exhibits excessive unhappiness.		
14. Grinds teeth during day or night.		
15. Is too impulsive.		
16. Has poor concentration and attention.		
17. Is overly active.		
18. Has temper tantrums.		
19. Is negativistic or defiant.		
20. Teases or bullies.		
21. Shows lack of consideration.		
22. Lies, cheats, or steals.		
23. Is too physically aggressive.		
24. Swears in inappropriate situations.		
25. Runs away.		
26. Is stubborn or sullen.		
27. Is truant from school or work.		

A. PART 1 RAW SCORE (Sum of 2s, 1s, 0s Part 1)

PART 2

Note: Part 2 is for individuals who will be compared only with supplementary norm groups.

		Intensity Circle One	
		Severe	Moderate
28. Engages in inappropriate sexual behavior.		S	M
29. Has excessive or peculiar preoccupations with objects or activities.		S	M
30. Expresses thoughts that are not sensible.		S	M
31. Exhibits extremely peculiar mannerisms or habits.		S	M
32. Displays behaviors that are self-injurious.		S	M
33. Intentionally destroys own or another's property.		S	M
34. Uses bizarre speech.		S	M
35. Is unaware of what is happening in immediate surroundings.		S	M
36. Rocks back and forth when sitting or standing.		S	M

B. Sum of 2s, 1s, 0s Part 2

PARTS 1 AND 2 RAW SCORE (Add A and B)

COMMENTS

ABOUT THE INTERVIEW:

Respondent's estimate of the individual's functioning

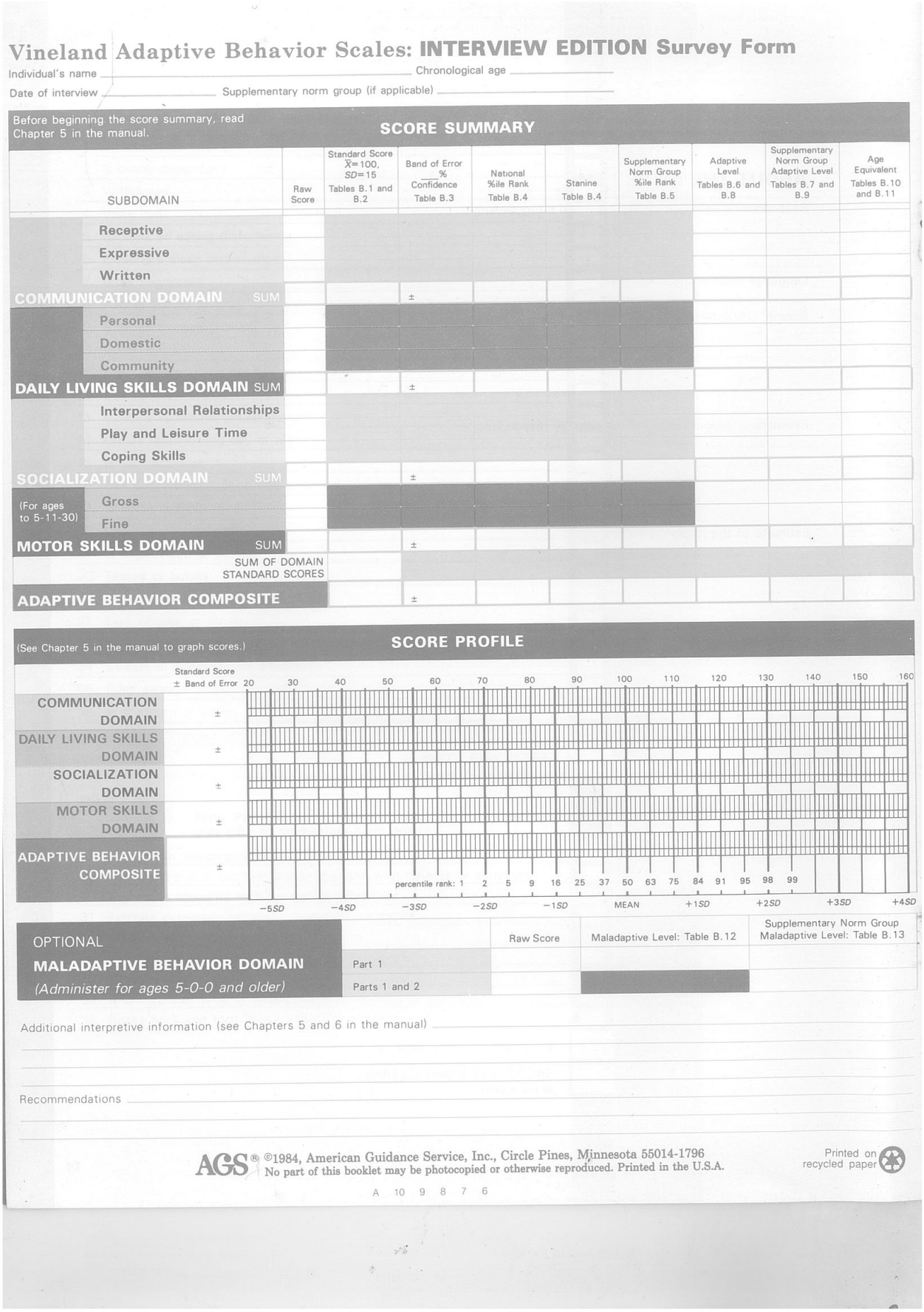
Language used in the interview

Special characteristics of the individual

Estimate of rapport established with the respondent

Estimate of the respondent's accuracy

General observations



Vineland Adaptive Behavior Scales: INTERVIEW EDITION Survey Form

Individual's name _____ Chronological age _____

Date of interview _____ Supplementary norm group (if applicable) _____

Before beginning the score summary, read Chapter 5 in the manual.

SCORE SUMMARY

SUBDOMAIN	Raw Score	Standard Score $\bar{X}=100$, $SD=15$ Tables B.1 and B.2	Band of Error ___% Confidence Table B.3	National %ile Rank Table B.4	Stanine Table B.4	Supplementary Norm Group %ile Rank Table B.5	Adaptive Level Tables B.6 and B.8	Supplementary Norm Group Adaptive Level Tables B.7 and B.9	Age Equivalent Tables B.10 and B.11
Receptive									
Expressive									
Written									
COMMUNICATION DOMAIN SUM			±						
Personal									
Domestic									
Community									
DAILY LIVING SKILLS DOMAIN SUM			±						
Interpersonal Relationships									
Play and Leisure Time									
Coping Skills									
SOCIALIZATION DOMAIN SUM			±						
(For ages to 5-11-30) Gross									
Fine									
MOTOR SKILLS DOMAIN SUM			±						
SUM OF DOMAIN STANDARD SCORES									
ADAPTIVE BEHAVIOR COMPOSITE			±						

(See Chapter 5 in the manual to graph scores.)

SCORE PROFILE

OPTIONAL MALADAPTIVE BEHAVIOR DOMAIN (Administer for ages 5-0-0 and older)		Raw Score	Maladaptive Level: Table B.12	Supplementary Norm Group Maladaptive Level: Table B.13
	Part 1			
	Parts 1 and 2			

Additional interpretive information (see Chapters 5 and 6 in the manual) _____

Recommendations _____

Appendix C: Vineland Adaptive Behavior Scales, Second Edition Survey Interview

Form

About the Individual:

Name: _____

Sex: _____ ID: _____ Grade (if applicable): _____

Highest Grade Completed (if applicable): _____

School or Other Facility (if applicable): _____

Present Classification or Diagnosis: _____

Language Spoken at Home: _____

Age:	Year	Month	Day	Age Used for Starting Points: _____
Interview Date:	_____	_____	_____	Type (circle one): Chronological
Birth Date:	_____	_____	_____	Mental
Chronological Age:	_____	_____	_____	Social

Data from Other Tests:	Intelligence	Achievement	Adaptive Behavior	Other
	_____	_____	_____	_____

Reason for the Interview: _____

Vineland-II™ Record Booklet

Vineland Adaptive Behavior Scales, Second Edition

Survey Interview Form

Sara S. Sparrow, Domenic V. Cicchetti, and David A. Balla
A revision of the *Vineland Social Maturity Scale* by Edgar A. Doll

About the Respondent:

Name: _____

Sex: _____ Telephone: _____

Relationship to Individual: _____

About the Interviewer:

Name: _____

Position: _____

Sex: _____

PEARSON

PsychCorp

Product Number 31012

Before beginning administration, read Chapter 2 in the Survey Forms Manual carefully.

General Directions: In each adaptive behavior subdomain, begin scoring with the item designated for the individual's age. Score each item "2," "1," "0," "DK," or "N/O" (see Appendix E of the Vineland™-II Survey Forms Manual for scoring criteria).

- Circle "2" if the individual **usually** performs the behavior independently (that is, without physical help or reminders).
- Circle "1" if the individual **sometimes** performs the behavior independently or **partially** performs the behavior independently.
- Circle "0" if the individual **never** performs the behavior or never performs it independently.
- If the respondent has no knowledge of the individual's performance of a given behavior, circle "DK" for **Don't Know.**
- If an item includes a Scoring Tip, use the guidelines in the tip to help determine the appropriate score.
- If an item includes a Scoring Tip that says you may circle "N/O" for **No Opportunity,** you may circle that option, if appropriate, instead of a "2," "1," "0," or "DK."
- Some subdomains do not apply to children younger than three years of age. If the child being assessed is younger than the age of the first start point, do not administer that subdomain.

Record each score in this booklet by circling the applicable response option. If you have a question about any item, put a check mark on the line to the right of that item's response options. When you have completed administration of that subdomain, you can write in the Comments area about the item(s) in question.

Basal and Ceiling Rules: For each subdomain, establish a **basal** of **four** consecutive items scored "2" and a **ceiling** of **four** consecutive items scored "0." The basal item is defined as the highest item in the highest set of four consecutive items scored "2." The ceiling item is defined as the lowest item in the lowest set of four consecutive items scored "0." If no basal is established, treat Item 1 as the basal item. If no ceiling is established, treat the last item in the subdomain as the ceiling item.

Communication Domain

Response Options: 2 = Usually, 1 = Sometimes or Partially, 0 = Never, DK = Don't Know

Understanding Listening and Attending Following Instructions

✔ Check for Comments below

RECEPTIVE

<1→		1	Turns eyes and head toward sound.		2	1	0	DK	
		2	Looks toward parent or caregiver when hearing parent's or caregiver's voice.		2	1	0	DK	
		3	Responds to his or her name spoken (for example, turns toward speaker, smiles, etc.).		2	1	0	DK	
1→		4	Demonstrates understanding of the meaning of *no*, or word or gesture with the same meaning (for example, stops current activity briefly).		2	1	0	DK	
		5	Demonstrates understanding of the meaning of *yes*, or word or gesture with the same meaning (for example, continues activity, smiles, etc.).		2	1	0	DK	
		6	Listens to story for at least 5 minutes (that is, remains relatively still and directs attention to the storyteller or reader).		2	1	0	DK	
2→		7	Points to at least three major body parts when asked (for example, nose, mouth, hands, feet, etc.).		2	1	0	DK	
		8	Points to common objects in a book or magazine as they are named (for example, dog, car, cup, key, etc.).		2	1	0	DK	
		9	Listens to instructions.		2	1	0	DK	
		10	Follows instructions with one action and one object (for example, "Bring me the book"; "Close the door"; etc.).		2	1	0	DK	
3+→		11	Points to at least five minor body parts when asked (for example, fingers, elbows, teeth, toes, etc.).		2	1	0	DK	
		12	Follows instructions with two actions or an action and two objects (for example, "Bring me the crayons and the paper"; "Sit down and eat your lunch"; etc.).		2	1	0	DK	
		13	Follows instructions in "if-then" form (for example, "If you want to play outside, then put your things away"; etc.).		2	1	0	DK	
		14	Listens to a story for at least 15 minutes.		2	1	0	DK	
		15	Listens to a story for at least 30 minutes.		2	1	0	DK	
		16	Follows three-part instructions (for example, "Brush your teeth, get dressed, and make your bed"; etc.).		2	1	0	DK	
		17	Follows instructions or directions heard 5 minutes before.		2	1	0	DK	
		18	Understands sayings that are not meant to be taken word for word (for example, "Button your lip"; "Hit the road"; etc.).		2	1	0	DK	
		19	Listens to an informational talk for at least 15 minutes.		2	1	0	DK	
		20	Listens to an informational talk for at least 30 minutes.		2	1	0	DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

*If the total of DK and/or Missing is greater than 2, do not score subdomain.

Receptive Raw Score = ☐ SUM

5

Communication Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Pre-Speech Expression · Beginning to Talk · Interactive Speech · Speech Skills · ☆ Expressing Complex Ideas

EXPRESSIVE

				✔ Check for Comments below
<1→	1	Cries or fusses when hungry or wet.	2 1 0 DK	
	2	Smiles when you smile at him or her.	2 1 0 DK	
	3	Makes sounds of pleasure (for example, coos, laughs, etc.).	2 1 0 DK	
	4	Makes nonword baby sounds (that is, babbles).	2 1 0 DK	
	5	Makes sounds or gestures (for example, waves arms) to get parent's or caregiver's attention.	2 1 0 DK	
	6	Makes sounds or gestures (for example, shakes head) if he or she wants an activity to stop or keep going.	2 1 0 DK	
	7	Waves good-bye when another person waves or parent or caregiver tells him or her to wave.	2 1 0 DK	
1→	8	Says "Da-da," "Ma-ma," or another name for parent or caregiver (including parent's or caregiver's first name or nickname).	2 1 0 DK	
	9	Points to object he or she wants that is out of reach.	2 1 0 DK	
	10	Points or gestures to indicate preference when offered a choice (for example, "Do you want this one or that one?"; etc.).	2 1 0 DK	
	11	Repeats or tries to repeat common words immediately upon hearing them (for example, *ball, car, go,* etc.).	2 1 0 DK	
	12	Names at least three objects (for example, bottle, dog, favorite toy, etc.).	2 1 0 DK	
	13	Says one-word requests (for example, *up, more, out,* etc.).	2 1 0 DK	
	14	Uses first names or nicknames of brothers, sisters, or friends, or says their names when asked.	2 1 0 DK	
	15	Answers or tries to answer with words when asked a question.	2 1 0 DK	
	16	Names at least 10 objects.	2 1 0 DK	
	17	States own first name or nickname (for example, Latesha, Little Sister, etc.) when asked.	2 1 0 DK	
	18	Uses phrases with a noun and a verb (for example, "Katie stay"; "Go home"; etc.).	2 1 0 DK	
	19	Asks questions by changing inflection of words or simple phrases (for example, "Mine?"; "Me go?"; etc.); grammar is not important.	2 1 0 DK	
2→	20	Says at least 50 recognizable words.	2 1 0 DK	
	21	Uses simple words to describe things (for example, *dirty, pretty, big, loud,* etc.).	2 1 0 DK	
	22	Asks questions beginning with *what* or *where* (for example, "What's that?"; "Where doggie go?"; etc.).	2 1 0 DK	

Comments

Communication Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Pre-Speech Expression · Beginning to Talk · Interactive Speech · Speech Skills · ☆ Expressing Complex Ideas

EXPRESSIVE, continued

					✔ Check for Comments below
	23	Uses negatives in sentences (for example, "Me no go"; "I won't drink it"; etc.); grammar is not important.		2 1 0 DK	
	24	Tells about experiences in simple sentences (for example, "Ginger and I play"; "Dan read me a book"; etc.).		2 1 0 DK	
	25	Says correct age when asked.		2 1 0 DK	
	26	Says at least 100 recognizable words.		2 1 0 DK	
	27	Uses *in*, *on*, or *under* in phrases or sentences (for example, "Ball go under chair"; "Put it on the table"; etc.).		2 1 0 DK	
	28	Uses *and* in phrases or sentences (for example, "Mom and Dad"; "I want ice cream and cake"; etc.).		2 1 0 DK	
3 →	29	Says first and last name when asked.		2 1 0 DK	
	30	Identifies and names most common colors (that is, red, blue, green, yellow, orange, purple, brown, and black). *Scoring Tip:* Mark a "2" if the individual names 6 to 8 colors; mark a "1" if the individual names 2 to 5 colors; mark a "0" if the individual names 0 or 1 color.		2 1 0 DK	
	31	Asks questions beginning with *who* or *why* (for example, "Who's that?"; "Why do I have to go?"; etc.).		2 1 0 DK	
	32	Uses present tense verbs ending in *ing* (for example, "Is singing"; "Is playing"; etc.).		2 1 0 DK	
4, 5 →	33	Uses possessives in phrases or sentences (for example, "That's her book"; "This is Carlos's ball"; etc.).		2 1 0 DK	
	34	Uses pronouns in phrases or sentences; must use correct gender and form of the pronoun, but sentences need not be grammatically correct (for example, "He done it"; "They went"; etc.).		2 1 0 DK	
	35	Asks questions beginning with *when* (for example, "When is dinner?"; "When can we go home?"; etc.).		2 1 0 DK	
	36	Uses regular past tense verbs (for example, *walked, baked,* etc.); may use irregular past tense verbs ungrammatically (for example, "I runned away"; etc.).		2 1 0 DK	
	37	Uses *behind* or *in front of* in phrases or sentences (for example, "I walked in front of her"; "Terrell is behind you"; etc.).		2 1 0 DK	
	38	Pronounces words clearly without sound substitutions (for example, does not say "wabbit" for "rabbit," "Thally" for "Sally," etc.).		2 1 0 DK	
	39	Tells basic parts of a story, fairy tale, or television show plot; does not need to include great detail or recount in perfect order.	☆	2 1 0 DK	
6 →	40	Says month and day of birthday when asked.		2 1 0 DK	
	41	Modulates tone of voice, volume, and rhythm appropriately (for example, does not consistently speak too loudly, too softly, or in a monotone, etc.).		2 1 0 DK	

Comments

Communication Domain, continued

Response Options: 2 = Usually, 1 = Sometimes or Partially, 0 = Never, DK = Don't Know

Pre-Speech Expression · Beginning to Talk · Interactive Speech · Speech Skills · Expressing Complex Ideas

EXPRESSIVE, continued

						✔ Check for Comments below
	☆	42	Tells about experiences in detail (for example, tells who was involved, where activity took place, etc.).	☆	2 1 0 DK	
	☆	43	Gives simple directions (for example, on how to play a game or how to make something). **Scoring Tip:** Mark a "2" if the directions are clear enough to follow; mark a "1" if the individual articulates directions but they are not clear enough to follow; mark a "0" if the individual never attempts to articulate directions.	☆	2 1 0 DK	
		44	Uses *between* in phrases or sentences (for example, "The ball went between the cars"; etc.).		2 1 0 DK	
7+ →		45	Says own telephone number when asked.		2 1 0 DK	
		46	Easily moves from one topic to another in conversation.		2 1 0 DK	
		47	Stays on topic in conversations; does not go off on tangents.		2 1 0 DK	
	☆	48	Explains ideas in more than one way (for example, "This was a good book. It was exciting and fun to read"; etc.).	☆	2 1 0 DK	
		49	Has conversations that last 10 minutes (for example, relates experiences, contributes ideas, shares feelings, etc.).		2 1 0 DK	
		50	Uses irregular plurals correctly (for example, *children, geese, mice, women,* etc.).		2 1 0 DK	
		51	Says complete home address (that is, street or rural route, apartment number, city, and state), with or without zip code, when asked.		2 1 0 DK	
	☆	52	Describes a short-term goal and what he or she needs to do to reach it (for example, says, "I want to get an A on my test, so I'm going to study hard"; etc.).	☆	2 1 0 DK	
X	☆	53	Gives complex directions to others (for example, to a distant location, for recipe with many ingredients or steps, etc.). **Scoring Tip:** Mark a "2" if the directions are clear enough to follow; mark a "1" if the individual articulates directions but they are not clear enough to follow; mark a "0" if the individual never attempts to articulate directions.	☆	2 1 0 DK	
	☆	54	Describes a realistic long-range goal that can be done in 6 months or more (for example, says, "I want to buy a bike, so I'll babysit and run errands to earn enough money to buy it"; etc.).	☆	2 1 0 DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

If the total of DK and/or Missing is greater than 2, do not score subdomain.

Expressive Raw Score = ☐ SUM

Communication Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Beginning to Read | Reading Skills | Writing Skills

								✔ Check for Comments below
WRITTEN	3–5 →		X 1	Identifies one or more alphabet letters as letters and distinguishes them from numbers.		2	1 0 DK	
			2	Recognizes own name in printed form.		2	1 0 DK	
			3	Identifies at least 10 printed letters of the alphabet.		2	1 0 DK	
			4	Prints or writes using correct orientation (for example, in English from left to right; in some languages from right to left or top to bottom).		2	1 0 DK	
			5	Copies own first name.		2	1 0 DK	
			6	Identifies all printed letters of the alphabet, upper- and lowercase.		2	1 0 DK	
			7	Prints at least three simple words from example (for example, *cat, see, bee,* etc.).		2	1 0 DK	
	6 →		8	Prints or writes own first and last name from memory.		2	1 0 DK	
			9	Reads at least 10 words aloud.		2	1 0 DK	
			10	Prints at least 10 simple words from memory (for example, *hat, ball, the,* etc.).		2	1 0 DK	
			11	Reads simple stories aloud (that is, stories with sentences of three to five words).		2	1 0 DK	
	7, 8 →		12	Prints simple sentences of three or four words; may make small errors in spelling or sentence structure.		2	1 0 DK	
			13	Prints more than 20 words from memory; may make small spelling errors.		2	1 0 DK	
			14	Reads and understands material of at least second-grade level.		2	1 0 DK	
			15	Puts lists of words in alphabetical order.		2	1 0 DK	
	9+ →		16	Writes simple correspondence at least three sentences long (for example, postcards, thank-you notes, e-mail, etc.).		2	1 0 DK	
			17	Reads and understands material of at least fourth-grade level.		2	1 0 DK	
			18	Writes reports, papers, or essays at least one page long; may use computer.		2	1 0 DK	
			19	Writes complete mailing and return addresses on letters or packages.		2	1 0 DK	
			20	Reads and understands material of at least sixth-grade level.		2	1 0 DK	
			21	Edits or corrects own written work before handing it in (for example, checks punctuation, spelling, grammar, etc.).		2	1 0 DK	
			22	Writes advanced correspondence at least 10 sentences long; may use computer.		2	1 0 DK	
			23	Reads and understands material of at least ninth-grade level.		2	1 0 DK	
		X	24	Reads at least two newspaper articles weekly (print or electronic version).		2	1 0 DK	
			25	Writes business letters (for example, requests information, makes complaint, places order, etc.); may use computer.		2	1 0 DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

Written Raw Score = ☐ SUM

If the total of DK and/or Missing is greater than 2, do not score subdomain.

9

Daily Living Skills Domain

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Eating and Drinking | Toileting | Dressing | Bathing | Grooming | Health Care

PERSONAL

					✔ Check for Comments below
<1→	1	Opens mouth when food is offered.		2 1 0 DK	
	2	Eats solid foods (for example, cooked vegetables, chopped meats, etc.).		2 1 0 DK	
	3	Sucks or chews on finger foods (for example, crackers, cookies, toast, etc.).		2 1 0 DK	
1→	4	Drinks from a cup or glass; may spill.		2 1 0 DK	
	5	Lets someone know when he or she has wet or soiled diaper or pants (for example, points, vocalizes, pulls at diaper, etc.).		2 1 0 DK	
	6	Feeds self with spoon; may spill.		2 1 0 DK	
	7	Sucks from straw.		2 1 0 DK	
	8	Takes off clothing that opens in the front (for example, a coat or sweater); does not have to unbutton or unzip the clothing.		2 1 0 DK	
2→	9	Pulls up clothing with elastic waistbands (for example, underwear or sweatpants).		2 1 0 DK	
	10	Feeds self with fork; may spill.		2 1 0 DK	
	11	Drinks from a cup or glass without spilling.		2 1 0 DK	
	12	Feeds self with spoon without spilling.		2 1 0 DK	
3→	13	Urinates in toilet or potty chair.		2 1 0 DK	
	14	Puts on clothing that opens in the front (for example, a coat or sweater); does not have to zip or button the clothing.		2 1 0 DK	
	15	Asks to use toilet.		2 1 0 DK	
	16	Defecates in toilet or potty chair.		2 1 0 DK	
	17	Is toilet-trained during the day. *Scoring Tip:* Mark "2" if the individual uses the toilet without help and without accidents; mark "1" if the individual needs help, such as with wiping, or has some accidents; mark "0" if the individual always needs help or has frequent accidents.		2 1 0 DK	
4→	18	Zips zippers that are fastened at the bottom (for example, in pants, on backpacks, etc.).		2 1 0 DK	
	19	Wipes or blows nose using tissue or handkerchief.		2 1 0 DK	
	20	Is toilet-trained during the night.		2 1 0 DK	
	21	Puts shoes on correct feet; does not need to tie laces.		2 1 0 DK	
	22	Fastens snaps.		2 1 0 DK	
	23	Holds spoon, fork, and knife correctly.		2 1 0 DK	

Comments

Daily Living Skills Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Eating and Drinking · Toileting · Dressing · Bathing · Grooming · Health Care

PERSONAL, continued

				✔ Check for Comments below
	24	Washes and dries face using soap and water.	2 1 0 DK	
5, 6 →	25	Brushes teeth. **Scoring Tip:** Mark a "2" if the individual brushes teeth without help, including putting toothpaste on the brush, and without being told to brush; mark "1" if the individual needs help brushing or putting toothpaste on the brush or needs frequent reminders; mark "0" if the individual never brushes without help or without being reminded.	2 1 0 DK	
	26	Buttons large buttons in front, in correct buttonholes.	2 1 0 DK	
	27	Covers mouth and nose when coughing and sneezing.	2 1 0 DK	
	28	Buttons small buttons in front, in correct buttonholes.	2 1 0 DK	
	29	Connects and zips zippers that are not fastened at the bottom (for example, in jackets, sweatshirts, etc.).	2 1 0 DK	
	30	Turns faucets on and adjusts temperature by adding hot or cold water.	2 1 0 DK	
	31	Wears appropriate clothing during wet or cold weather (for example, raincoat, boots, sweater, etc.).	2 1 0 DK	
7+ →	32	Bathes or showers and dries self. **Scoring Tip:** Mark a "2" if the individual bathes or showers without help, including turning the water on and off; mark a "1" if the individual needs help with any part of bathing or drying or with turning the water on and off; mark "0" if the individual never bathes or showers without help or without reminders.	2 1 0 DK	
	33	Finds and uses appropriate public restroom for his or her gender.	2 1 0 DK	
	34	Washes and dries hair (with towel or hair dryer).	2 1 0 DK	
	35	Cares for minor cuts (for example, cleans wound, puts on a bandage, etc.).	2 1 0 DK	
	36	Takes medicine as directed (that is, follows directions on label).	2 1 0 DK	
	37	Uses thermometer to take own or another's temperature.	2 1 0 DK	
	38	Seeks medical help in an emergency (for example, recognizes symptoms of serious illness or injury, such as shortness of breath, chest pain, uncontrolled bleeding, etc.). **Scoring Tip:** You may mark "N/O" for No Opportunity if the individual has not been in a medical emergency.	2 1 0 DK N/O	
	39	Follows directions for health care procedures, special diet, or medical treatments. **Scoring Tip:** You may mark "N/O" for No Opportunity if the individual does not have a health concern that requires special procedures, diet, or treatments.	2 1 0 DK N/O	
X	40	Keeps track of medications (nonprescription and prescription) and refills them as needed.	2 1 0 DK	
	41	Makes appointments for regular medical and dental checkups.	2 1 0 DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

If the total of DK and/or Missing is greater than 2, do not score subdomain.

Personal Raw Score = ☐ SUM

11

Daily Living Skills Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know **N/O** = No Opportunity

Safety at Home | Kitchen Chores | Housekeeping

DOMESTIC

				✔ Check for Comments below
1–6 →	1	Is careful around hot objects (for example, the stove or oven, an open fire, etc.).	2 1 0 DK	
	X 2	Helps with simple household chores (for example, dusts, picks up clothes or toys, feeds pet, etc.).	2 1 0 DK	
	3	Clears unbreakable items from own place at table.	2 1 0 DK	
	4	Cleans up play or work area at end of an activity (for example, finger painting, model building, etc.).	2 1 0 DK	
	5	Puts away personal possessions (for example, toys, books, magazines, etc.).	2 1 0 DK	
7–10 →	6	Is careful when using sharp objects (for example, scissors, knives, etc.).	2 1 0 DK	
	7	Clears breakable items from own place at table.	2 1 0 DK	
	8	Helps prepare foods that require mixing and cooking (for example, cake or cookie mixes, macaroni and cheese, etc.).	2 1 0 DK	
	9	Uses simple appliances (for example, a toaster, can opener, bottle opener, etc.).	2 1 0 DK	
	10	Uses microwave oven for heating, baking, or cooking (that is, sets time and power setting, etc.). Scoring Tip: You may mark "N/O" for No Opportunity if there is no microwave in the home.	2 1 0 DK N/O	
	11	Puts clean clothes away in proper place (for example, in drawers or closet, on hooks, etc.).	2 1 0 DK	
11+ →	12	Uses tools (for example, a hammer to drive nails, a screwdriver to screw and unscrew screws, etc.).	2 1 0 DK	
	13	Washes dishes by hand, or loads and uses dishwasher.	2 1 0 DK	
	14	Sweeps, mops, or vacuums floors thoroughly. Scoring Tip: Mark "2" if the individual mops, sweeps, or vacuums so well that the task does not have to be redone; mark a "1" if the individual doesn't consistently complete the task well; mark a "0" if the individual never mops, sweeps, or vacuums, or does the task so poorly that it always needs to be redone.	2 1 0 DK	
	15	Clears table completely (for example, scrapes and stacks dishes, throws away disposable items, etc.).	2 1 0 DK	
	16	Uses household products correctly (for example, laundry detergent, furniture polish, glass cleaner, etc.).	2 1 0 DK	
	17	Prepares basic foods that do not need mixing but require cooking (for example, rice, soup, vegetables, etc.).	2 1 0 DK	
	18	Cleans one or more rooms other than own bedroom.	2 1 0 DK	
	19	Uses sharp knife to prepare food.	2 1 0 DK	
	20	Uses stove or oven for heating, baking, or cooking (that is, turns burners on and off, sets oven temperature, etc.).	2 1 0 DK	
	21	Prepares food from ingredients that require measuring, mixing, and cooking.	2 1 0 DK	
	22	Washes clothing as needed.	2 1 0 DK	
	23	Performs maintenance tasks as needed (for example, replaces light bulbs, changes vacuum cleaner bag, etc.).	2 1 0 DK	
	X 24	Plans and prepares main meal of the day.	2 1 0 DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

If the total of DK and/or Missing is greater than 2, do not score subdomain.

Domestic Raw Score = ☐ SUM

Daily Living Skills Domain, continued

Response Options: 2 = Usually, 1 = Sometimes or Partially, 0 = Never, DK = Don't Know, N/O = No Opportunity

Telephone Skills · Rules, Rights, and Safety · Time and Dates · Job Skills · Computer Skills · Money Skills · Restaurant Skills · Television and Radio · Going Places Independently

✔ Check for Comments below

COMMUNITY

1–3 →	1	Demonstrates understanding of function of telephone (for example, pretends to talk on phone, etc.).		2 1 0	DK	
	2	Talks to familiar person on telephone.		2 1 0	DK	
	3	Uses TV or radio without help (for example, turns equipment on, accesses channel or station, selects program, etc.). *Scoring Tip:* You may mark "N/O" for No Opportunity if there is no TV or radio in the home.		2 1 0 N/O	DK	
4 →	4	Counts at least 10 objects, one by one.		2 1 0	DK	
	5	Is aware of and demonstrates appropriate behavior while riding in car (for example, keeps seat belt on, refrains from distracting driver, etc.).		2 1 0	DK	
	6	Demonstrates understanding of the function of money (for example, says, "Money is what you need to buy things at the store"; etc.).		2 1 0	DK	
	7	Uses sidewalk (where available) or shoulder of road when walking or using wheeled equipment (for example, skates, scooter, tricycle, etc.).		2 1 0	DK	
5, 6 →	8	Demonstrates understanding of function of clock (for example, says, "Clocks tell time"; "What time can we go?"; etc.).		2 1 0	DK	
	9	Follows household rules (for example, no running in the house, no jumping on the furniture, etc.).		2 1 0	DK	
	10	Demonstrates computer skills necessary to play games or start programs with computer turned on; does not need to turn computer on by self. *Scoring Tip:* You may mark "N/O" for No Opportunity if there is no computer in the home.		2 1 0 N/O	DK	
	11	Summons to the telephone the person receiving a call or indicates that the person is not available.		2 1 0	DK	
	12	Identifies penny, nickel, dime, and quarter by name when asked; does not need to know the value of coins.		2 1 0	DK	
	13	Looks both ways when crossing streets or roads.		2 1 0	DK	
7 →	14	Says current day of the week when asked.		2 1 0	DK	
	15	Demonstrates understanding of right to personal privacy for self and others (for example, while using restroom or changing clothes, etc.).		2 1 0	DK	
	16	Demonstrates knowledge of what phone number to call in an emergency when asked.		2 1 0	DK	
	17	Tells time using a digital clock or watch.		2 1 0	DK	
8 →	18	States value of penny (1 cent), nickel (5 cents), dime (10 cents), and quarter (25 cents).		2 1 0	DK	
	19	Discriminates between bills of different denominations (for example, refers to $1 bills, $5 bills, etc., in conversation; etc.).		2 1 0	DK	
	20	Obeys traffic lights and *Walk* and *Don't Walk* signs.		2 1 0	DK	
	21	Points to current or other date on calendar when asked.		2 1 0	DK	
	22	Demonstrates understanding that some items cost more than others (for example, says, "I have enough money to buy gum but not a candy bar"; "Which pencil costs less?"; etc.).		2 1 0	DK	
9–11 →	23	Tells time by the half hour on analog clock (for example, 1:30, 2:00, etc.).		2 1 0	DK	
	24	Makes telephone calls to others, using standard or cell phone.		2 1 0	DK	

Comments

Daily Living Skills Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know **N/O** = No Opportunity

Telephone Skills · Rules, Rights, and Safety · Time and Dates · Job Skills · Computer Skills · Money Skills · Restaurant Skills · Television and Radio · Going Places Independently

✔ Check for Comments below

COMMUNITY, continued

	25	Orders a complete meal in a fast-food restaurant. Scoring Tip: You may mark "N/O" for No Opportunity if individual has not eaten at a fast-food restaurant.		2 1 0 N/O	DK	
12–15→	26	Carries or stores money safely (for example, in wallet, purse, money belt, etc.).		2 1 0	DK	
	27	Tells time by 5-minute segments on analog clock (for example, 1:05, 1:10, etc.).		2 1 0	DK	
	28	Obeys curfew parent or caregiver sets.		2 1 0	DK	
	29	Watches or listens to programs for information (for example, weather report, news, educational program, etc.). Scoring Tip: You may mark "N/O" for No Opportunity if there is no TV or radio in the home.		2 1 0 N/O	DK	
	30	Counts change from a purchase.		2 1 0	DK	
	31	Demonstrates computer skills necessary to carry out complex tasks (for example, word processing, accessing the Internet, installing software, etc.). Scoring Tip: You may mark "N/O" for No Opportunity if there is no computer in the home.		2 1 0 N/O	DK	
16+ →	32	Evaluates quality and price when selecting items to purchase.		2 1 0	DK	
	33	Obeys time limits for breaks (for example, lunch or coffee breaks, etc.).		2 1 0	DK	
	34	Travels at least 5 to 10 miles to familiar destination (that is, bikes, uses public transportation, or drives self).		2 1 0	DK	
	35	Demonstrates understanding of right to complain or report legitimate problems when dissatisfied with services or situations.		2 1 0	DK	
	36	Notifies school or supervisor when he or she will be late or absent.		2 1 0	DK	
	37	Uses savings or checking account responsibly (for example, keeps some money in account, tracks balance carefully, etc.).		2 1 0	DK	
✗	38	Travels at least 5 to 10 miles to unfamiliar destination (that is, bikes, uses public transportation, or drives self).		2 1 0	DK	
	39	Earns money at part-time job (that is, at least 10 hours a week) for 1 year. Scoring Tip: Do not mark 1.		2 X 0	DK	
	40	Attempts to improve job performance after receiving constructive criticism from supervisor. Scoring Tip: You may mark "N/O" for No Opportunity if the individual has not held a job.		2 1 0 N/O	DK	
	41	Manages own money (for example, pays most or all own expenses, uses checks or money orders for purchases as needed, etc.).		2 1 0	DK	
	42	Has held full-time job for 1 year. Scoring Tip: Do not mark 1.		2 X 0	DK	
	43	Budgets for monthly expenses (for example, utilities, rent, etc.).		2 1 0	DK	
	44	Applies for and uses personal credit card responsibly (for example, does not exceed credit limit, pays on time, etc.).		2 1 0	DK	

Comments

Item Before Basal ____ × 2 = ☐
Basal Item Through Ceiling Item:
DK and/or Missing Total* + ☐
N/O Total + ☐
Sum of 2s and 1s + ☐

*If the total of DK and/or Missing is greater than 2, do not score subdomain.

Community Raw Score = ☐ SUM

Socialization Domain

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Responding to Others · Expressing and Recognizing Emotions · Imitating · Social Communication · Thoughtfulness · Friendship · Dating

								✔ Check for Comments below
INTERPERSONAL RELATIONSHIPS	<1 →	1	Looks at face of parent or caregiver.		2	1	0	DK	
		2	Watches (that is, follows with eyes) someone moving by crib or bed for 5 seconds or more.		2	1	0	DK	
		3	Shows two or more emotions (for example, laughs, cries, screams, etc.).		2	1	0	DK	
		4	Smiles or makes sounds when approached by a familiar person.		2	1	0	DK	
		5	Makes or tries to make social contact (for example, smiles, makes noises, etc.).		2	1	0	DK	
		6	Reaches for familiar person when person holds out arms to him or her.		2	1	0	DK	
		7	Shows preference for certain people and objects (for example, smiles, reaches for or moves toward person or object, etc.).		2	1	0	DK	
		8	Shows affection to familiar persons (for example, touches, hugs, kisses, cuddles, etc.).		2	1	0	DK	
		9	Imitates or tries to imitate parent's or caregiver's facial expressions (for example, smiles, frowns, etc.).		2	1	0	DK	
		10	Moves about looking for parent or caregiver or other familiar person nearby.		2	1	0	DK	
	1, 2 →	11	Shows interest in children the same age, other than brothers or sisters (for example, watches them, smiles at them, etc.).		2	1	0	DK	
		12	Imitates simple movements (for example, claps hands, waves good-bye, etc.).		2	1	0	DK	
		13	Uses actions to show happiness or concern for others (for example, hugs, pats arm, holds hands, etc.).		2	1	0	DK	
		14	Shows desire to please others (for example, shares a snack or toy, tries to help even if not capable, etc.).		2	1	0	DK	
	3, 4 →	15	Demonstrates friendship-seeking behavior with others the same age (for example, says, "Do you want to play?" or takes another child by the hand, etc.).		2	1	0	DK	
		16	Imitates relatively complex actions as they are being performed by another person (for example, shaving, putting on makeup, hammering nails, etc.).		2	1	0	DK	
		17	Answers when familiar adults make small talk (for example, if asked, "How are you?" says, "I'm fine"; if told, "You look nice," says, "Thank you"; etc.).		2	1	0	DK	
		18	Repeats phrases heard spoken before by an adult (for example, "Honey, I'm home"; "No dessert until you clean your plate"; etc.).		2	1	0	DK	
		19	Uses words to express own emotions (for example, "I'm happy"; "I'm scared"; etc.).		2	1	0	DK	
	5 →	20	Has best friend or shows preference for certain friends (of either sex) over others.		2	1	0	DK	
		21	Imitates relatively complex actions several hours after watching someone else perform them (for example, shaving, putting on makeup, hammering nails, etc.).		2	1	0	DK	

Comments

Socialization Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Responding to Others · Expressing and Recognizing Emotions · Imitating · Social Communication · Thoughtfulness · Friendship · Dating

INTERPERSONAL RELATIONSHIPS, continued

				✔ Check for Comments below
	22	Uses words to express happiness or concern for others (for example, says, "Yeah! You won"; "Are you all right?"; etc.).	2 1 0 DK	
	23	Acts when another person needs a helping hand (for example, holds door open, picks up dropped items, etc.).	2 1 0 DK	
6–8 →	24	Recognizes the likes and dislikes of others (for example, says, "Chow likes soccer"; "Susie doesn't eat pizza"; etc.).	2 1 0 DK	
	25	Shows same level of emotion as others around him or her (for example, does not downplay or overdramatize a situation, etc.).	2 1 0 DK	
	26	Keeps comfortable distance between self and others in social situations (for example, does not get too close to another person when talking, etc.).	2 1 0 DK	
	27	Talks with others about shared interests (for example, sports, TV shows, summer plans, etc.).	2 1 0 DK	
9+ →	28	Starts small talk when meets people he or she knows (for example, says, "How are you?"; "What's up?"; etc.).	2 1 0 DK	
	29	Meets with friends regularly.	2 1 0 DK	
	30	Chooses not to say embarrassing or mean things or ask rude questions in public.	2 1 0 DK	
	31	Places reasonable demands on friendship (for example, does not expect to be a person's only friend or to have the friend always available, etc.).	2 1 0 DK	
	32	Understands that others do not know his or her thoughts unless he or she says them.	2 1 0 DK	
	33	Is careful when talking about personal things.	2 1 0 DK	
	34	Cooperates with others to plan or be part of an activity (for example, a birthday party, sports event, etc.).	2 1 0 DK	
	35	Demonstrates understanding of hints or indirect cues in conversation (for example, knows that yawns may mean, "I'm bored," or a quick change of subject may mean, "I don't want to talk about that"; etc.).	2 1 0 DK	
	36	Starts conversations by talking about things that interest others (for example, says, "Tyrone tells me you like computers"; etc.).	2 1 0 DK	
	37	Goes on group dates.	2 1 0 DK	
	38	Goes on single dates.	2 1 0 DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

Sum of 2s and 1s + ☐

Interpersonal Relationships Raw Score = ☐ SUM

*If the total of DK and/or Missing is greater than 2, do not score subdomain.

16

Socialization Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Playing | Sharing and Cooperating | Going Places with Friends | Playing Games | Recognizing Social Cues

								✔ Check for Comments below
PLAY AND LEISURE TIME	<1 →		1	Responds when parent or caregiver is playful (for example, smiles, laughs, claps hands, etc.).		2	1 0	DK	
			2	Shows interest in where he or she is (for example, looks or moves around, touches objects or people, etc.).		2	1 0	DK	
			3	Plays simple interaction games with others (for example, peekaboo, patty-cake, etc.).		2	1 0	DK	
	1, 2 →	X	4	Plays near another child, each doing different things.		2	1 0	DK	
			5	Chooses to play with other children (for example, does not stay on the edge of a group or avoid others).		2	1 0	DK	
			6	Plays cooperatively with one or more children for up to 5 minutes.		2	1 0	DK	
			7	Plays cooperatively with more than one child for more than 5 minutes.		2	1 0	DK	
			8	Continues playing with another child with little fussing when parent or caregiver leaves.		2	1 0	DK	
	3 →		9	Shares toys or possessions when asked.		2	1 0	DK	
			10	Plays with others with minimal supervision.		2	1 0	DK	
			11	Uses common household objects or other objects for make-believe activities (for example, pretends a block is a car, a box is a house, etc.).		2	1 0	DK	
			12	Protects self by moving away from those who destroy things or cause injury (for example, those who bite, hit, throw things, pull hair, etc.).		2	1 0	DK	
	4 →		13	Plays simple make-believe activities with others (for example, plays dress-up, pretends to be superheroes, etc.).		2	1 0	DK	
			14	Seeks out others for play or companionship (for example, invites others home, goes to another's home, plays with others on the playground, etc.).		2	1 0	DK	
			15	Takes turns when asked while playing games or sports.		2	1 0	DK	
			16	Plays informal, outdoor group games (for example, tag, jump rope, catch, etc.).		2	1 0	DK	
			17	Shares toys or possessions without being asked.		2	1 0	DK	
	5, 6 →		18	Follows rules in simple games (relay races, spelling bees, electronic games, etc.).		2	1 0	DK	
			19	Takes turns without being asked.		2	1 0	DK	
			20	Plays simple card or board game based only on chance (for example, Go Fish, Crazy Eights, Sorry™, etc.).		2	1 0	DK	
	7–12 →		21	Goes places with friends during the day with adult supervision (for example, to a shopping mall, park, community center, etc.).		2	1 0	DK	
			22	Asks permission before using objects belonging to or being used by another.		2	1 0	DK	

Comments

Socialization Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Playing · Sharing and Cooperating · Going Places with Friends · Playing Games · Recognizing Social Cues

PLAY AND LEISURE TIME continued

								✔ Check for Comments below
	23	Refrains from entering group when nonverbal cues indicate that he or she is not welcome.	!	2	1	0	DK	
	24	Plays simple games that require keeping score (for example, kickball, pickup basketball, etc.).	♔	2	1	0	DK	
13+ →	25	Shows good sportsmanship (that is, follows rules, is not overly aggressive, congratulates other team on winning, and does not get mad when losing).	♔	2	1	0	DK	
	26	Plays more than one board, card, or electronic game requiring skill and decision making (for example, Monopoly™, Cribbage, etc.).	♔	2	1	0	DK	
	27	Goes places with friends in evening with adult supervision (for example, to a concert, lecture, sporting event, movie, etc.).		2	1	0	DK	
	28	Follows rules in complex games or sports (for example, football, soccer, volleyball, etc.).	♔	2	1	0	DK	
	29	Goes places with friends during the day without adult supervision (for example, to a shopping mall, park, community center, etc.).		2	1	0	DK	
	30	Plans fun activities with more than two things to be arranged (for example, a trip to a beach or park that requires planning transportation, food, recreational items, etc.).		2	1	0	DK	
	31	Goes places with friends in evening without adult supervision (for example, to a concert, lecture, sporting event, movie, etc.).		2	1	0	DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

Sum of 2s and 1s + ☐

Play and Leisure Time Raw Score = ☐ SUM

If the total of DK and/or Missing is greater than 2, do not score subdomain.

Manners · Apologizing · Responsibility · Appropriate Social Caution · Transitions · Controlling Impulses · Keeping Secrets

COPING SKILLS

1–4 →	1	Changes easily from one at-home activity to another.		2	1	0	DK	
	2	Says "thank you" when given something.		2	1	0	DK	
	3	Changes behavior depending on how well he or she knows another person (for example, acts differently with family member than with stranger, etc.).		2	1	0	DK	
	4	Chews with mouth closed.		2	1	0	DK	
5–7 →	5	Says "please" when asking for something.		2	1	0	DK	
	6	Ends conversations appropriately (for example, says, "Good-bye"; "See you later"; etc.).		2	1	0	DK	
	7	Cleans or wipes face and hands during and/or after meals.		2	1	0	DK	
	8	Responds appropriately to reasonable changes in routine (for example, refrains from complaining, etc.).		2	1	0	DK	

Socialization Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know

Manners · Apologizing · Responsibility · Appropriate Social Caution · Transitions · Controlling Impulses · Keeping Secrets

COPING SKILLS, continued

					Check for Comments below
8 →		9	Says that he or she is sorry for unintended mistakes (for example, bumping into someone, etc.).	2 1 0 DK	
		10	Chooses not to taunt, tease, or bully.	2 1 0 DK	
		11	Acts appropriately when introduced to strangers (for example, nods, smiles, shakes hands, greets them, etc.).	2 1 0 DK	
		12	Changes voice level depending on location or situation (for example, in a library, during a movie or play, etc.).	2 1 0 DK	
		13	Says he or she is sorry after hurting another's feelings.	2 1 0 DK	
		14	Refrains from talking with food in mouth.	2 1 0 DK	
		15	Talks with others without interrupting or being rude.	2 1 0 DK	
9–12 →		16	Accepts helpful suggestions or solutions from others.	2 1 0 DK	
		17	Controls anger or hurt feelings when plans change for reason(s) that cannot be helped (for example, bad weather, car trouble, etc.).	2 1 0 DK	
		18	Keeps secrets or confidences for longer than one day.	2 1 0 DK	
		19	Says he or she is sorry after making unintentional mistakes or errors in judgment (for example, when unintentionally leaving someone out of a game, etc.).	2 1 0 DK	
		20	Shows understanding that gentle teasing with family and friends can be a form of humor or affection.	2 1 0 DK	
13+ →		21	Tells parent or caregiver about his or her plans (for example, what time he or she is leaving and returning, where he or she is going, etc.).	2 1 0 DK	
		22	Chooses to avoid dangerous or risky activities (for example, jumping off high places, picking up a hitchhiker, driving recklessly, etc.).	2 1 0 DK	
		23	Controls anger or hurt feelings when he or she does not get his or her way (for example, when not allowed to watch television or attend a party; when suggestion is rejected by friend or supervisor; etc.).	2 1 0 DK	
		24	Follows through with arrangements (for example, if promises to meet someone, meets that person; etc.).	2 1 0 DK	
		25	Stops or stays away from relationships or situations that are hurtful or dangerous (for example, being bullied or made fun of, being taken advantage of sexually or financially, etc.).	2 1 0 DK	
		26	Controls anger or hurt feelings due to constructive criticism (for example, correction of misbehavior, discussion of test score or grade, performance review, etc.).	2 1 0 DK	
X		27	Keeps secrets or confidences for as long as needed.	2 1 0 DK	
		28	Thinks about what could happen before making decisions (for example, refrains from acting impulsively, thinks about important information, etc.).	2 1 0 DK	
		29	Is aware of potential danger and uses caution when encountering risky social situations (for example, binge drinking parties, Internet chat rooms, personal ads, etc.).	2 1 0 DK	
		30	Shows respect for co-workers (for example, does not distract or interrupt others who are working, is on time for meetings, etc.).	2 1 0 DK	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

Sum of 2s and 1s + ☐

Coping Skills Raw Score = ☐ SUM

If the total of DK and/or Missing is greater than 2, do not score subdomain.

Motor Skills Domain

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know **N/O** = No Opportunity

Sitting | Walking and Running | Play Activity | Standing | Creeping and Crawling

					✔ Check for Comments below
GROSS	<1→	1	Holds head erect for at least 15 seconds when held upright in parent's or caregiver's arms.	2 1 0 DK	
		2	Sits supported (for example, in a chair, with pillows, etc.) for at least 1 minute.	2 1 0 DK	
		3	Sits without support for at least 1 minute.	2 1 0 DK	
		4	Creeps or moves on stomach across floor.	2 1 0 DK	
		5	Sits without support for at least 10 minutes.	2 1 0 DK	
		6	Raises self to sitting position and sits without support for at least 1 minute.	2 1 0 DK	
		7	Crawls at least 5 feet on hands and knees, without stomach touching floor.	2 1 0 DK	
	1→	8	Pulls self to standing position.	2 1 0 DK	
		9	Crawls up stairs.	2 1 0 DK	
		10	Takes at least two steps.	2 1 0 DK	
		11	Stands alone for 1 to 3 minutes.	2 1 0 DK	
		12	Rolls ball while sitting.	2 1 0 DK	
		13	Climbs on and off low objects (for example, chair, step stool, slide, etc.).	2 1 0 DK	
		14	Crawls down stairs.	2 1 0 DK	
		15	Stands for at least 5 minutes.	2 1 0 DK	
		16	Walks across room; may be unsteady and fall occasionally.	2 1 0 DK	
	2→	17	Throws ball.	2 1 0 DK	
		18	Walks to get around; does not need to hold on to anything.	2 1 0 DK	
		19	Climbs on and off adult-sized chair.	2 1 0 DK	
		20	Runs without falling; may be awkward and uncoordinated.	2 1 0 DK	
		21	Walks up stairs, putting both feet on each step; may use railing.	2 1 0 DK	
		22	Kicks ball.	2 1 0 DK	
	3→	23	Runs smoothly without falling.	2 1 0 DK	
		24	Walks down stairs, facing forward, putting both feet on each step; may use railing.	2 1 0 DK	
		25	Jumps with both feet off floor.	2 1 0 DK	
		26	Throws ball of any size in specific direction.	2 1 0 DK	
		27	Catches beach ball-sized ball with both hands from a distance of 2 or 3 feet.	2 1 0 DK	
		28	Walks up stairs, alternating feet; may use railing.	2 1 0 DK	
		29	Pedals tricycle or other three-wheeled toy for at least 6 feet.	2 1 0 DK	
			Scoring Tip: You may mark "N/O" for No Opportunity if the individual does not have a tricycle or three-wheeled toy. However, if the individual has such a vehicle but does not ride it for any reason, including parent or caregiver does not think he or she is ready, mark "0."	N/O	

Comments

Motor Skills Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know **N/O** = No Opportunity

Sitting | Walking and Running | Play Activity | Standing | Creeping and Crawling

✔ Check for Comments below

GROSS, continued

	30	Jumps or hops forward at least three times.	2 1 0 DK	
4+ →	31	Hops on one foot at least once without falling; may hold on to something for balance.	2 1 0 DK	
	32	Climbs on and off high objects (for example, jungle gym, 4-foot slide ladder, etc.).	2 1 0 DK	
	33	Walks down stairs, alternating feet; may use railing.	2 1 0 DK	
	34	Runs smoothly, with changes in speed and direction.	2 1 0 DK	
	35	Rides bicycle with training wheels for at least 10 feet. *Scoring Tip:* You may mark "N/O" for No Opportunity if the individual does not have a bicycle. However, if the individual has a bike but does not ride it for any reason, including parent or caregiver does not think he or she is ready, mark "0."	2 1 0 DK N/O	
	36	Catches beach ball-sized ball (from at least 6 feet away) with both hands.	2 1 0 DK	
	37	Hops forward on one foot with ease.	2 1 0 DK	
	38	Skips at least 5 feet.	2 1 0 DK	
	39	Catches tennis or baseball-sized ball (from at least 10 feet away), moving to catch it if necessary.	2 1 0 DK	
	40	Rides bicycle with no training wheels without falling. *Scoring Tip:* You may mark "N/O" for No Opportunity if the individual does not have a bicycle. However, if the individual has a bike but does not ride it for any reason, including parent or caregiver does not think he or she is ready, mark "0."	2 1 0 DK N/O	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

If the total of DK and/or Missing is greater than 2, do not score subdomain.

Gross Raw Score = ☐ SUM

Manipulating Objects | Drawing and Using Scissors | Using Keyboard

FINE

<1 →	1	Reaches for toy or object.	2 1 0 DK	
	2	Picks up small objects (no larger than 2 inches on any side); may use both hands.	2 1 0 DK	
	3	Moves object from one hand to the other.	2 1 0 DK	
	4	Squeezes squeaky toy or object.	2 1 0 DK	
	5	Picks up small object with thumb and fingers.	2 1 0 DK	
1, 2 →	6	Removes object (for example, a block or clothespin) from a container.	2 1 0 DK	
	7	Puts object (for example, a block or clothespin) into container.	2 1 0 DK	
	8	Turns pages of board, cloth, or paper book, one at a time.	2 1 0 DK	
3, 4 →	9	Stacks at least four small blocks or other small objects; stack must not fall.	2 1 0 DK	
	10	Opens doors by turning doorknobs.	2 1 0 DK	
	11	Unwraps small objects (for example, gum or candy).	2 1 0 DK	

Motor Skills Domain, continued

Response Options: **2** = Usually, **1** = Sometimes or Partially, **0** = Never, **DK** = Don't Know **N/O** = No Opportunity

Manipulating Objects | Drawing and Using Scissors | Using Keyboard

FINE, continued

				✔ Check for Comments below
	12	Completes simple puzzle of at least two pieces or shapes.	2 1 0 DK	
	13	Turns book or magazine pages one by one.	2 1 0 DK	
	14	Uses twisting hand-wrist motion (for example, winds up toy, screws/unscrews lid of jar, etc.).	2 1 0 DK	
	15	Holds pencil in proper position (not with fist) for writing or drawing.	2 1 0 DK	
	16	Colors simple shapes; may color outside lines.	2 1 0 DK	
5→	17	Builds three-dimensional structures (for example, a house, bridge, vehicle, etc.) with at least five small blocks.	2 1 0 DK	
	18	Opens and closes scissors with one hand.	2 1 0 DK	
	19	Glues or pastes two or more pieces together (for example, for art or science projects, etc.).	2 1 0 DK	
	20	Uses tape to hold things together (for example, torn page, art project, etc.).	2 1 0 DK	
	21	Draws more than one recognizable form (for example, person, house, tree, etc.). *Scoring Tip:* Mark a "2" if the individual draws two or more recognizable forms; mark a "1" if the individual draws one form; mark a "0" if the individual does not draw any recognizable forms.	2 1 0 DK	
	22	Makes recognizable letters or numbers.	2 1 0 DK	
	23	Draws circle freehand while looking at example.	2 1 0 DK	
	24	Uses scissors to cut across paper along a straight line.	2 1 0 DK	
	25	Colors simple shapes; colors inside the lines.	2 1 0 DK	
6+→	26	Cuts out simple shapes (for example, circles, squares, rectangles, etc.).	2 1 0 DK	
	27	Uses eraser without tearing paper.	2 1 0 DK	
	28	Draws square freehand while looking at example.	2 1 0 DK	
	29	Draws triangle freehand while looking at example.	2 1 0 DK	
	30	Ties knot.	2 1 0 DK	
	31	Draws straight line using a ruler or straightedge.	2 1 0 DK	
	32	Unlocks dead-bolt, key, or combination locks that require twisting. *Scoring Tip:* You may mark "N/O" for No Opportunity if there are no dead-bolt, key, or combination locks in the home.	2 1 0 DK N/O	
	33	Cuts out complex shapes (for example, stars, animals, alphabet letters, etc.).	2 1 0 DK	
	34	Uses keyboard, typewriter, or touch screen to type name or short words; may look at keys. *Scoring Tip:* You may mark "N/O" for No Opportunity if there is no computer in the home.	2 1 0 DK N/O	
	35	Ties secure bow.	2 1 0 DK	
	36	Uses a keyboard to type up to 10 lines; may look at the keys. *Scoring Tip:* You may mark "N/O" for No Opportunity if there is no computer in the home.	2 1 0 DK N/O	

Comments

Item Before Basal ____ × 2 = ☐

Basal Item Through Ceiling Item:

DK and/or Missing Total* + ☐

N/O Total + ☐

Sum of 2s and 1s + ☐

Fine Raw Score = ☐ SUM

*If the total of DK and/or Missing is greater than 2, do not score subdomain.

Maladaptive Behavior Index

Response Options: **2** = Usually, **1** = Sometimes, **0** = Never

						✔ Check for Comments below
INTERNALIZING	3+ → 1	Is overly dependent (that is, clings to caregiver, teacher, brother, or sister).	0	1	2	
	2	Avoids others and prefers to be alone.	0	1	2	
	3	Has eating difficulties (for example, eats too fast or too slowly, hoards food, overeats, refuses to eat, etc.).	0	1	2	
	4	Has sleep difficulties (for example, sleepwalks, has frequent nightmares, sleeps significantly more or less than typical for his or her age).	0	1	2	
	5	Refuses to go to school or work because of fear, feelings of rejection or isolation, etc.	0	1	2	
	6	Is overly anxious or nervous.	0	1	2	
	7	Cries or laughs too easily.	0	1	2	
	8	Has poor eye contact (that is, does not look at or face others when speaking or spoken to).	0	1	2	
	9	Is sad for no clear reason.	0	1	2	
	10	Avoids social interaction.	0	1	2	
	11	Lacks energy or interest in life.	0	1	2	

Comments

Sum of 2s and 1s ☐

Internalizing Raw Score = ☐

						✔ Check for Comments below
EXTERNALIZING	3+ → 1	Is impulsive (that is, acts without thinking).	0	1	2	
	2	Has temper tantrums.	0	1	2	
	3	Intentionally disobeys and defies those in authority.	0	1	2	
	4	Taunts, teases, or bullies.	0	1	2	
	5	Is inconsiderate or insensitive to others.	0	1	2	
	6	Lies, cheats, or steals.	0	1	2	
	7	Is physically aggressive (for example, hits, kicks, bites, etc.).	0	1	2	
	8	Is stubborn or sullen.	0	1	2	
	9	Says embarrassing things or asks embarrassing questions in public (for example, "You're fat," or "What's that big red thing on your nose?").	0	1	2	
	10	Behaves inappropriately at the urging of others.	0	1	2	

Comments

Sum of 2s and 1s ☐

Externalizing Raw Score = ☐

Maladaptive Behavior Index, continued

Response Options: 2 = Usually, 1 = Sometimes, 0 = Never

						✔ Check for Comments below
OTHER	3+ →	1	Sucks thumb or fingers.	0	1	2	
		2	Wets bed or must wear diapers at night.	0	1	2	
		3	Acts overly familiar with strangers (for example, holds hands, hugs, sits on lap, etc.).	0	1	2	
		4	Bites fingernails.	0	1	2	
		5	Has tics (that is, involuntary blinking, twitching, head shaking, etc.).	0	1	2	
		6	Grinds teeth during the day or night.	0	1	2	
		7	Has a hard time paying attention.	0	1	2	
		8	Is more active or restless than others of same age.	0	1	2	
		9	Uses school or work property (for example, telephone, Internet access, office supplies, etc.) for unapproved personal purposes.	0	1	2	
		10	Swears.	0	1	2	
		11	Runs away (that is, is missing for 24 hours or longer).	0	1	2	
		12	Is truant from school or work.	0	1	2	
		13	Ignores or doesn't pay attention to others around him or her.	0	1	2	
		14	Uses money or gifts to "buy" affection.	0	1	2	
		15	Uses alcohol or illegal drugs during the school or work day.	0	1	2	

Comments

Sum of 2s and 1s ☐

Other Raw Score = ☐

Internalizing Raw Score + ☐

Externalizing Raw Score + ☐

Other Raw Score + ☐

Maladaptive Behavior Index Raw Score* = ☐ SUM

**Sum the Internalizing, Externalizing, and Other Raw Scores to obtain the Maladaptive Behavior Index Raw Score.*

Maladaptive Behavior Critical Items

Response Options: **2** = Usually, **1** = Sometimes, **0** = Never, **S** = Severe, **M** = Moderate

CRITICAL ITEMS

				✔ Check for Comments below
3+ →	1	Engages in inappropriate sexual behavior (for example, exposes self, masturbates in public, makes improper sexual advances, etc.).	0 1 2 S M	
	2	Is obsessed with objects or activities (for example, constantly repeats words or phrases, is preoccupied with mechanical objects, etc.).	0 1 2 S M	
	3	Expresses thoughts that do not make sense (for example, talks about hearing voices, seems delusional, etc.).	0 1 2 S M	
	4	Has strange habits or ways (for example, makes repetitive noises, odd hand movements, etc.).	0 1 2 S M	
	5	Consistently prefers objects to people (for example, pays more attention to objects than to people, etc.).	0 1 2 S M	
	6	Displays behaviors that cause injury to self (for example, bangs head, hits or bites self, tears at skin, etc.).	0 1 2 S M	
	7	Destroys own or another's possessions on purpose.	0 1 2 S M	
	8	Uses bizarre speech (for example, has conversations with self in public, speaks in phrases or sentences that have no meaning, repeats same word or phrase over and over, etc.).	0 1 2 S M	
	9	Is unaware of what is happening around him or her (for example, seems to be in a "fog," stares blankly, etc.).	0 1 2 S M	
	10	Rocks back and forth repeatedly.	0 1 2 S M	
	11	Is unusually fearful of ordinary sounds, objects, or situations.	0 1 2 S M	
	12	Remembers odd information in detail years later.	0 1 2 S M	
	13	Is unable to complete a normal school or work day because of chronic pain or fatigue.	0 1 2 S M	
	14	Is unable to complete a normal school or work day because of psychological symptoms.	0 1 2 S M	

The Maladaptive Behavior Critical Items section does not yield a raw or derived score. To include this section in your interpretation of Vineland–II results, transfer responses of 2 or 1 (and the severity rating, S or M) to the Vineland–II Score Summary page.

Comments

About the Interview:

Respondent's Estimate of the Individual's Functioning: _____

_____

_____

_____

Language Used in the Interview: _____

_____

Special Characteristics of the Individual: _____

_____

_____

_____

_____

_____

Estimate of the Rapport Established with the Respondent: _____

_____

_____

_____

Estimate of the Respondent's Accuracy: _____

_____

_____

_____

General Observations: _____

_____

_____

_____

_____

Individual: _____ Date: _____ Age: _____ Form: ____ Survey Interview
____ Parent/Caregiver Rating

VINELAND™-II SCORE SUMMARY

SUBDOMAIN and DOMAIN SCORES

SUBDOMAIN/ DOMAIN	Raw Score	v-Scale Score Table B.1	Domain Standard Score Table B.2	___% Conf. Interval Table C.1/C.2	%ile Rank Table C.3	Adaptive Level Table C.4	Age Equivalent Table C.5	Stanine Table C.3
Receptive								
Expressive								
Written								
Communication	Sum: ____							
Personal								
Domestic								
Community								
Daily Living Skills	Sum: ____							
Interpersonal Relationships								
Play and Leisure Time								
Coping Skills								
Socialization	Sum: ____							
Gross								
Fine								
Motor Skills	Sum: ____							

STRENGTHS and WEAKNESSES

Score Minus *Median**	S(trength) or W(eakness)

Sum of Domain Standard Scores = ____

	Standard Score Table B.2	___% Conf. Interval Table C.2	%ile Rank Table C.3	Adaptive Level Table C.4		Stanine Table C.3
Adaptive Behavior Composite						

* *For instructions on how to determine the median score, see Chapter 3 of the Vineland–II Survey Forms Manual.*

Domain Strengths/ Weaknesses:
S = Standard Score − Median ≥ 10
W = Standard Score − Median ≤ −10

Subdomain Strengths/ Weaknesses:
S = v-Scale Score − Median ≥ 2
W = v-Scale Score − Median ≤ −2

	Raw Score	v-Scale Score Table B.3	___% Conf. Interval Table C.6	Level Table C.7
Maladaptive Behavior Index				
Internalizing				
Externalizing				

Maladaptive Behavior Critical Items

Items (Circle all items scored 2 or 1, and indicate the severity.)

1 S M 2 S M 3 S M 4 S M 5 S M 6 S M 7 S M 8 S M 9 S M 10 S M 11 S M 12 S M 13 S M 14 S M

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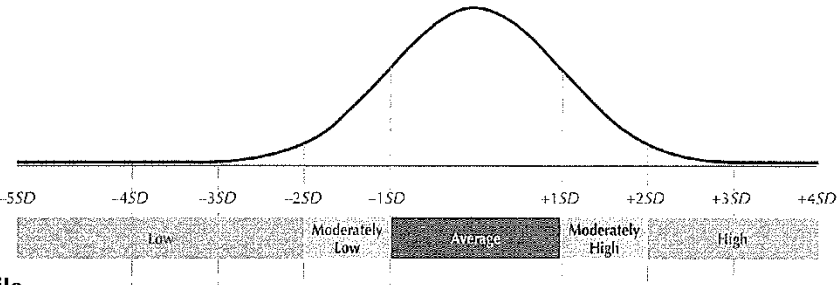
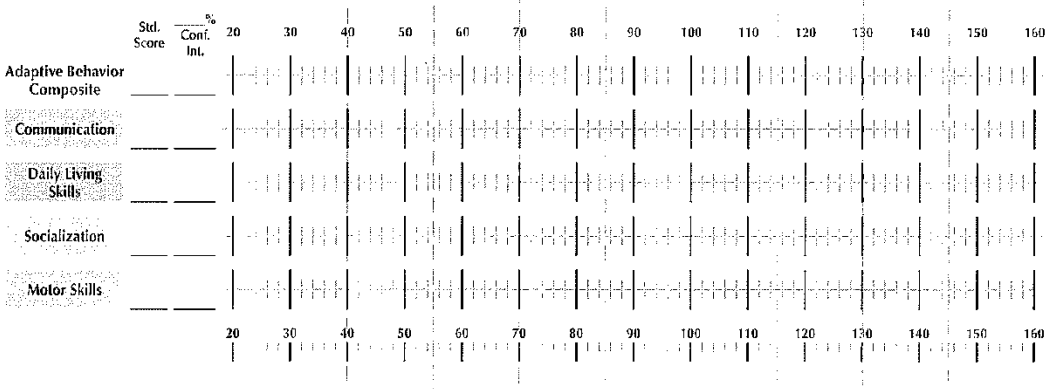
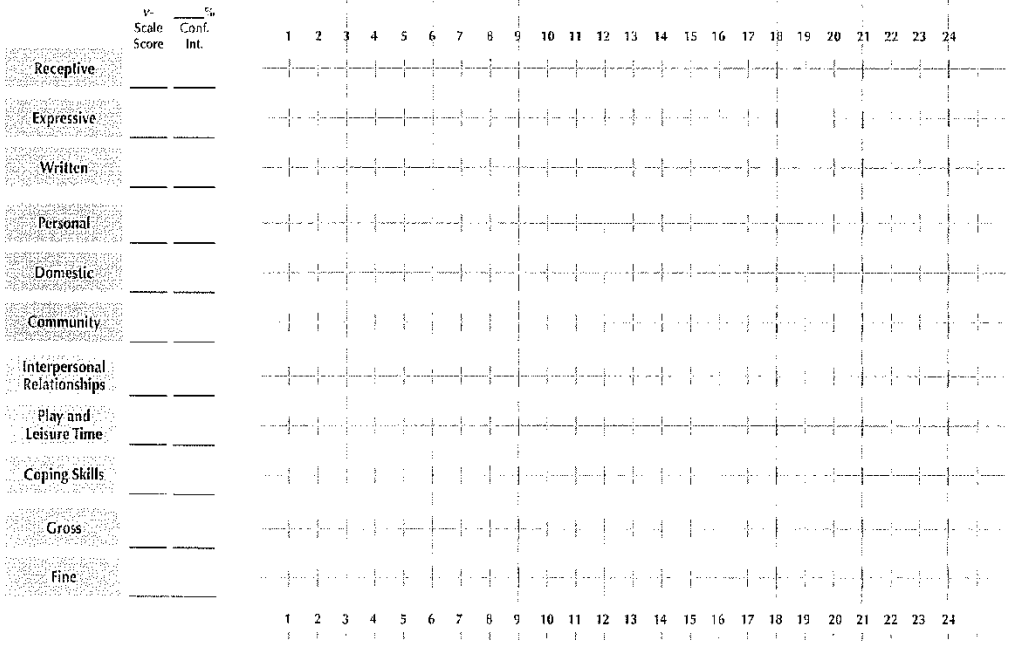
VINELAND™-II SCORE PROFILE



Domain Score Profile



Subdomain Score Profile



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VINELAND™-II PAIRWISE COMPARISONS

Domain Comparisons	Standard Score	<, >, or =	Standard Score		Standard Score Difference	Stat. Sign. Level (.05 or .01) Table D.1	Freq. of Difference (Extreme 16, 10, 5, or 1%) Table D.2
Communication				Daily Living Skills			
Communication				Socialization			
Daily Living Skills				Socialization			
Communication				Motor Skills			
Socialization				Motor Skills			
Daily Living Skills				Motor Skills			
Subdomain Comparisons	*v*-Scale Score	<, >, or =	*v*-Scale Score		*v*-Scale Score Difference	Stat. Sign. Level (.05 or .01) Table D.3 or D.5	Freq. of Difference (Extreme 16, 10, 5, or 1%) Table D.4
Communication							
Receptive				Expressive			
Receptive				Written			
Expressive				Written			
Daily Living Skills							
Personal				Domestic			
Personal				Community			
Domestic				Community			
Socialization							
Interpersonal Relationships				Play and Leisure Time			
Interpersonal Relationships				Coping Skills			
Play and Leisure Time				Coping Skills			
Motor Skills							
Gross				Fine			
Selected Across-Domain Subdomain Comparisons	*v*-Scale Score	<, >, or =	*v*-Scale Score		*v*-Scale Score Difference	Stat. Sign. Level (.05 or .01) Table D.3 or D.5	Freq. of Difference (Extreme 16, 10, 5, or 1%) Table D.4
Expressive				Interpersonal Relationships			
Expressive				Coping Skills			
Fine				Written			
Fine				Domestic			
Fine				Personal			

Vineland-II™ Survey Interview Form Score Report

Vineland Adaptive Behavior Scales, Second Edition

Individual: _____

Chronological Age: _____ – _____ – _____ Assessment Date: _____ – _____ – _____

Grade (if applicable): _____ Highest Grade Completed: _____

Respondent: _____ Examiner: _____

PEARSON

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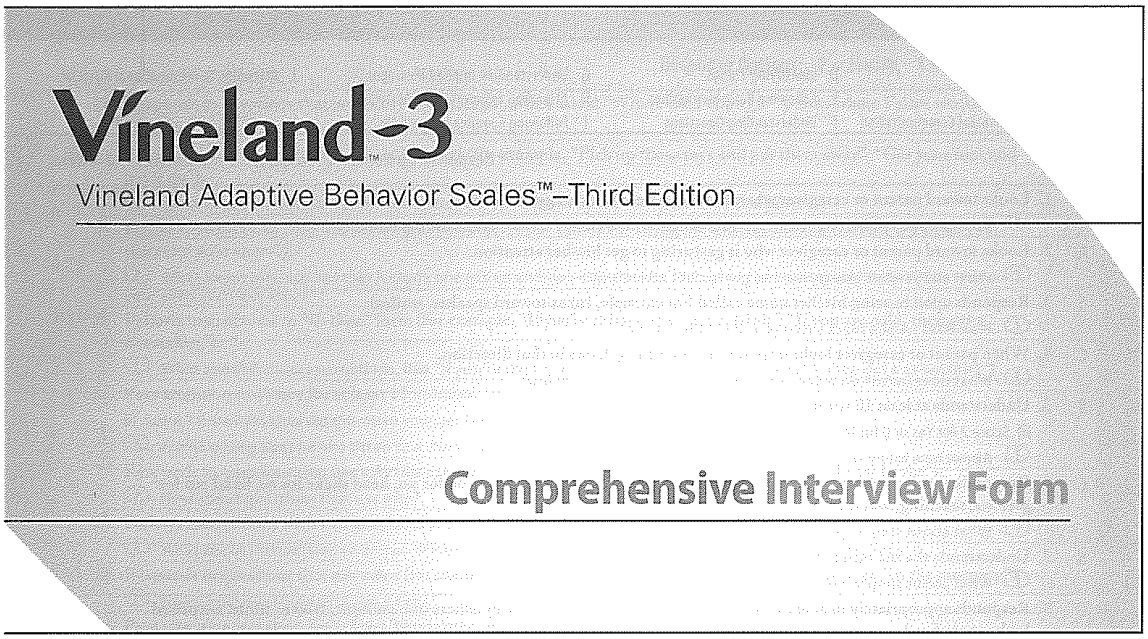
8 9 10 11 12 A B C D E

Appendix D: Vineland Adaptive Behavior Scales, Third Edition Comprehensive Interview Form



Examinee's Name:_____ Today's Date: _____ Examinee's Birth Date:_____
(first, middle, last) (month, day, year) (month, day, year)

Examinee's Age: _____ Examinee's Sex: ☐ Female ☐ Male Respondent's Name: _____

Respondent's Relationship to the Examinee: ☐ Mother ☐ Father ☐ Other _____ Interviewer's Name: _____

DIRECTIONS

Complete instructions for administering this form are provided in Chapter 2 of the Vineland–3 Manual. The Manual also includes a list of suggested interview questions and scoring criteria for the items in Appendix G, which you may wish to have available when conducting the interview.

Keep in mind that the Coping Skills subdomain does not begin until age 2; the Written, Domestic, and Community subdomains do not begin until age 3; and the optional Maladaptive Behavior domain does not begin until age 3.

SCORING THE ITEMS

Score each item 2, 1, or 0 as follows:

Circle 2 if, when the behavior is needed or appropriate, the individual *usually* performs it without help or prompting (or if he/she performed the behavior when younger, but has now outgrown it).

Circle 1 if, when the behavior is needed or appropriate, the individual *sometimes* performs it without help or prompting.

Circle 0 if the individual *never* performs the behavior, or never performs it without help or prompting. Whether he/she hasn't learned the behavior, is not physically able to perform it, is not expected or allowed to perform it, or chooses not to perform it, circle 0.

Some items use a different scoring system: 2 = Yes, 0 = No. This is indicated in the booklet.

If the respondent has not had the opportunity to observe a behavior, ask him/her to estimate a score for that item. In addition to marking the item score, also check the box to the right of the item score, in the column labeled **Check if Est**.

If the individual performed a behavior when he/she was younger, but has now outgrown it, circle 2. Do not check the Estimated box.

Some items include a Scoring Tip, indicated with the symbol ☑. Use the tips to help you score those items.

BASAL AND CEILING RULES

A basal is established when there are *four consecutive items* with scores of 2. A ceiling is established when there are *four consecutive items* with scores of 0. Continue administering Interview Topics until you have established a basal and a ceiling, and all items between the basal and ceiling have been scored. If there is no basal, you must score all items from the first item in the subdomain up to the ceiling. If there is no ceiling, you must score all items from the last item in the subdomain back to the basal.

PEARSON

Product Number 31321

PsychCorp

INTERVIEW TOPICS

A Responding
B Understanding Words
C Understanding Nonverbal Communication
D Identifying Things
E Following Basic Instructions
F Understanding Questions
G Understanding Implied Messages
H Attending to Entertaining Material
I Following Complex Instructions
J Attending to Informational Material

			Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
0	A	1. Looks toward parent or caregiver when hearing parent's or caregiver's voice. ? How can you tell that he/she hears your voice or the voice of someone else he/she knows?	2 1 0	☐
	A	2. Looks toward parent or caregiver who is gesturing to get his/her attention. ? What about when you gesture to get his/her attention?	2 1 0	☐
	A	3. Responds upon hearing his/her name called (for example, turns toward speaker, smiles). ? How does he/she react when you call his/her name?	2 1 0	☐
	C	4. When parent or caregiver looks or points at something, looks in that direction. ? What does he/she do when you point or look toward something?	2 1 0	☐
	B	5. Understands at least 10 words. ☑ Score 2 for Yes or 0 for No. ? About how many words does he/she understand?	2 0	☐
	C	6. Responds appropriately to at least three basic gestures (for example, head nod for *yes*, head shake for *no*, hand out for *give me*, reaching, waving, clapping). ? What about simple gestures like this one [shake your head "no"]?	2 1 0	☐
	B	7. Understands the meaning of *no*. ? What about simple words like *yes* and *no*?	2 1 0	☐
	C	8. Responds appropriately to at least three facial expressions being made by others (for example, frown, smile, surprised look, angry face). ? How does he/she respond to your facial expressions, for example, when you frown or look sad?	2 1 0	☐
	B	9. Understands the meaning of *yes*. ? What about simple words like *yes* and *no*?	2 1 0	☐
	E	10. Follows instructions requiring only one action (for example, "Sit down"; "Come here"). ? How about one-step instructions, like "Sit down" or "Come here"?	2 1 0	☐
	D	11. Identifies at least three *actual* objects when asked (for example, points to a dog, car, cup, key, etc.). ? What about real life objects?	2 1 0	☐
	B	12. Understands at least 50 words. ☑ Score 2 for Yes or 0 for No. ? About how many words does he/she understand?	2 0	☐
	G	13. Responds to the tone of spoken words (for example, approaches eagerly when "Come here" is spoken lovingly, but hesitantly when "Come here" is spoken sharply). ? What about when you change the tone of your voice to emphasize what you mean, like the difference between saying "Come here" in a loving way and an angry way?	2 1 0	☐
	D	14. Identifies at least three body parts on self when asked (for example, points to own nose, mouth, hands, feet, etc.). ? What about his/her own body parts?	2 1 0	☐
	E	15. Follows instructions with one action and one object (for example, "Bring me the book"; "Close the door"). ? What about instructions that include one action and one object, like "Bring me the book" or "Close the door"?	2 1 0	☐
	C	16. Responds appropriately to at least three more advanced gestures (for example, motioning *come here*, finger over lips meaning *be quiet*, hands apart to show *this big*). ? What about more advanced gestures like this one [motion "come here"]?	2 1 0	☐
	D	17. Identifies at least three objects pictured in a book, magazine, or electronic screen when asked (for example, points to a dog, car, cup, key, etc.). ? What about objects shown in pictures, like when you are reading together?	2 1 0	☐
1	D	18. Identifies at least three body parts pictured in a book, magazine, or electronic screen when asked (for example, points to a nose, a mouth, hands, feet, etc.). ? What about body parts shown in pictures?	2 1 0	☐
	F	19. Responds to questions that use *what* (for example, when asked "What is this?" replies "A ball"). ? How about questions that use *what*?	2 1 0	☐
	F	20. Responds to questions that use *who* (for example, when asked "Who is that?" replies "Auntie Kesha"). ? How about questions that use *who*?	2 1 0	☐
	D	21. Identifies at least three basic actions pictured in a book, magazine, or electronic screen when asked (for example, points to someone eating, sitting, jumping, etc.). ? What kinds of actions does he/she identify when they are shown in pictures, like when you are reading together?	2 1 0	☐

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

	F	22. Responds to questions that use *where* (for example, when asked "Where did Felipe go?" points where Felipe went). ? How about questions that use *where*?	2	1	0	☐
	E	23. Follows instructions with two related actions (for example, "Pick up those toys and put them away"; "Get your coat and put it on"). ? What about instructions to do two things that go together, like "Get your coat and put it on"?	2	1	0	☐
	E	24. Follows instructions with one action and two objects (for example, "Bring me the crayons and the ball"; "Put on your shirt and your shoes"). ? What about instructions that include one action and two objects, like "Bring me the crayons and the ball" or "Put on your shirt and your shoes"?	2	1	0	☐
	E	25. Follows instructions in "if–then" form (for example, "If you're thirsty, then get a drink"; "If you are cold, then get a sweatshirt"). ? What about if–then instructions, like "If you're thirsty, then get a drink" or "If you are cold, then get a sweatshirt"?	2	1	0	☐
	H	26. Pays attention to a story for at least 15 minutes. ☑ Score 2 if the individual did this when younger, but has now outgrown listening to stories. ? For how long does he/she listen to a story?	2	1	0	☐
2	F	27. Responds to questions that use *why* (for example, when asked "Why are you crying?" replies "My toy broke"). ? How about questions that use *why*?	2	1	0	☐
	E	28. Follows instructions with two unrelated actions (for example, "Turn off the TV and get my keys"). ? What about instructions to do two things that don't go together, like "Turn off the TV and get my keys"?	2	1	0	☐
	F	29. Responds to questions that use *when* (for example, when asked "When do you eat breakfast?" replies "In the morning"). ? How about questions that use *when*?	2	1	0	☐
	H	30. Pays attention to a show for at least 30 minutes and understands what is happening. ? For how long does he/she pay attention to a TV show, movie, or live performance, and how can you tell if he/she understands what is happening?	2	1	0	☐
	I	31. Identifies left and right on own body (for example, hands, feet, arms). ? What about identifying left and right on his/her own body?	2	1	0	☐
	I	32. Follows instructions requiring three actions (for example, "Get dressed, eat breakfast, and brush your teeth"). ? What about three-step instructions, like "Get dressed, eat breakfast, and brush your teeth"?	2	1	0	☐
3+	H	33. Pays attention to a show for at least 60 minutes and understands what is happening. ? For how long does he/she pay attention to a TV show, movie, or live performance, and how can you tell if he/she understands what is happening?	2	1	0	☐
	G	34. Understands sarcasm (for example, understands when a comment such as "That's just great!" really means "That's awful!"). ? What about understanding sarcasm?	2	1	0	☐
	J	35. Pays attention to a 15-minute informational presentation and understands what is being said. ? For how long does he/she pay attention to information being presented that's serious or educational, and how can you tell if he/she understands what is being said?	2	1	0	☐
	I	36. Follows instructions involving left and right (for example, "Go to the left"; "Look to the right"). ? How does he/she respond to directions that involve left and right?	2	1	0	☐
	I	37. When instructed to do something up to an hour later, remembers to do it (for example, "When your show is over, put your dishes in the sink"). ? How often does he/she remember to do something meant to be done a little later, like something you've asked him/her to do after a show that he/she is watching is over?	2	1	0	☐
	I	38. When instructed to do something several hours later, remembers to do it (for example, "When you get home from school, let the dog out"). ? How often does he/she remember to do something that you ask to be done much later that day, for example, letting the dog out after school?	2	1	0	☐
	J	39. Pays attention to a 30-minute informational presentation and understands what is being said. ? For how long does he/she pay attention to information being presented that's serious or educational, and how can you tell if he/she understands what is being said?	2	1	0	☐

Comments or Observations: _____

Office Use Only

Calculation of % Est *(see Manual)*		Raw Score Calculation	
No. of Est	A	Highest-Numbered Basal Item	× 2 = C
No. of Items Answered	B	Points Between Basal and Ceiling	D
(A ÷ B) × 100 =	% Est	**rec** Raw Score	C + D

EXPRESSIVE — COMMUNICATION DOMAIN

INTERVIEW TOPICS

A Beginning Sounds & Gestures	D Using Gestures	G Using Intermediate Grammatical Forms	J Using Complex Grammatical Forms	M Giving Directions
B Beginning Speech	E Communicating Names & Age	H Using Pronouns	K Expressing Ideas & Experiences	
C Vocabulary	F Using Simple Grammatical Forms	I Asking Questions	L Stating Age, Birthday, & Address	

		Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
0	A 1. Makes sounds of pleasure (for example, coos, laughs). ? What sounds does he/she make when happy?	2 1 0	☐
	A 2. Cries or fusses when uncomfortable (thirsty, hungry, wet, etc.). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about when he/she is uncomfortable, maybe hungry, thirsty, or wet?	2 1 0	☐
	A 3. Vocalizes or gestures (for example, cries or waves arms) to get parent's or caregiver's attention. ? What does he/she do to get your attention when you are not paying attention to him/her?	2 1 0	☐
	A 4. Makes at least three one-syllable speech sounds (for example, "Mah," "Bah," "Ee," "Oh"). ☑ Score 2 if the individual did this when younger, but now says words. ? What about making one-syllable sounds, like "Mah," "Bah," or "Oh"?	2 1 0	☐
	A 5. Babbles in strings of sounds (for example, "Ba-ba-ba-ba," "Ma-ma-ma-ma," "Da-da-da-da"). ☑ Score 2 if the individual did this when younger, but now says words. ? What about making strings of sounds, like "Ba-ba-ba-ba," "Ma-ma-ma-ma," or "Da-da-da-da"?	2 1 0	☐
	A 6. Vocalizes or gestures if he/she wants an activity to keep going or stop (for example, says "Again," shakes head *no*). ? What does he/she do if he/she wants an activity to stop or keep going?	2 1 0	☐
	B 7. Says "Dada," "Mama," or another name for parent or caregiver (including parent's or caregiver's first name or nickname). ? What about words to represent Mom or Dad?	2 1 0	☐
	D 8. Uses at least three basic gestures (for example, head nod for *yes*, head shake for *no*, reaching or pointing toward something desired, waving, clapping). ? How does he/she gesture when he/she wants something or wants to express himself/herself?	2 1 0	☐
	B 9. Repeats or tries to repeat common words immediately upon hearing them (for example, *ball, car, more*). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about repeating words that he/she hears?	2 1 0	☐
	B 10. Says "No"; must actually mean *no*, not just repeat the word. ? What does he/she say if he/she doesn't want something?	2 1 0	☐
	C 11. Names at least three objects (for example, ball, dog, favorite toy). ? What about common objects, such as a ball, dog, or favorite toy?	2 1 0	☐
1	B 12. Says one-word requests (for example, "Want," "More," "Open"). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How does he/she express what he/she wants, such as being picked up or having more of something?	2 1 0	☐
	C 13. Names at least 10 objects. ☑ Score 2 for Yes or 0 for No. ? About how many objects can he/she label?	2 0	☐
	B 14. Says "Yes"; must actually mean *yes*, not just repeat the word. ? What does he/she say if you say "Do you want this," and he/she does want it?	2 1 0	☐
	C 15. Names at least three actions (for example, drink/drinking, eat/eating, play/playing). ? What about labeling actions, like drinking, eating, or playing?	2 1 0	☐
	E 16. Calls brothers, sisters, or friends by their name or nickname. ? Whose names or nicknames does he/she use?	2 1 0	☐
	C 17. Says at least 50 words. ☑ Score 2 for Yes or 0 for No. ? About how many total words does he/she say?	2 0	☐

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* | Check if Est

F	18. Uses phrases with a noun and a verb (for example, "Mommy stay," "Give ball"). ? What about using both a noun and a verb, such as "Mommy stay" or "Give ball"?	2 1 0	☐
E	19. Says own first name or nickname. ? What about his/her own name or nickname?	2 1 0	☐
H	20. Uses pronouns to refer to self; grammar need not be correct (for example, "Give me," "Me want," "Mine toy"). ? What about using pronouns to refer to himself/herself, such as "I want" or "Give me"?	2 1 0	☐
F	21. Uses simple adjectives to describe things (for example, *dirty*, *pretty*, *big*, *loud*). ? What about using adjectives to describe things, such as "Pretty picture" or "Big doggie"?	2 1 0	☐
F	22. Says what he/she is doing using simple sentences; grammar need not be correct (for example, "Ginger and me play," "Dan read me a book"). ? Can you give me some examples of how he/she talks about what he/she is doing?	2 1 0	☐
D	23. Uses at least three more advanced gestures (for example, motioning *come here*, finger over lips meaning *be quiet*, hands apart to show *this big*). ? What about more advanced gestures like this one [motion *come here*]?	2 1 0	☐
F	24. Uses negatives in sentences; grammar need not be correct (for example, "I won't drink it," "Me no go"). ? What about using negatives in sentences, such as "I won't drink it" or "Me no go"?	2 1 0	☐
E	25. Says correct age when asked; holding up correct number of fingers counts. ? What about when you ask how old he/she is?	2 1 0	☐
G	26. Uses possessives in phrases or sentences; grammar need not be correct (for example, "This is mine," "Your book," "This is Carol's desk"). ? What about using possessives, words like "mine," "Mommy's," or "your"?	2 1 0	☐
G	27. Uses *and* in phrases or sentences (for example, "Mom and Dad," "I want ice cream and cake"). ? How about using the word *and* in phrases or sentences, such as "Mom and Dad" or "I want ice cream and cake"?	2 1 0	☐
I	28. Asks questions beginning with *who* (for example, "Who's that?"; "Who went to the store?"); just asking "Who?" (one word) doesn't count. ? How about questions beginning with *who*, like "Who's that?" or "Who went to the store?"	2 1 0	☐
2 G	29. Uses plural nouns (for example, "Two cats," "More crackers," "Those flowers"). ? What does he/she say to mean more than one of something, like more than one cat or more than one cracker?	2 1 0	☐
H	30. Uses pronouns to refer to others; pronoun gender and grammar need not be correct (for example, "You want?"; "Her happy"; "Him ball"). ? What about using pronouns to refer to others, such as "You want" or "Give him"?	2 1 0	☐
G	31. Uses *in*, *on*, and *under* correctly in phrases or sentences (for example, "In the box," "Ball go under table"). ? How about using the words *in*, *on*, and *under*?	2 1 0	☐
I	32. Asks questions beginning with *why* (for example, "Why do I have to go?"; "Why did you put my stuff away?"); just asking "Why?" (one word) doesn't count. ? How about questions beginning with *why*, like "Why do I have to go?" or "Why did you put my stuff away?"	2 1 0	☐
E	33. Says first and last name when asked; saying first name only doesn't count. ? What about when you ask for his/her full name?	2 1 0	☐
H	34. Uses pronouns correctly; pronoun gender and grammar must be correct (for example, "I want," "Their ball," "Call her"). ? What about using pronouns correctly?	2 1 0	☐
I	35. Asks questions beginning with *when* (for example, "When is dinner?"; "When can we go home?"); just asking "When?" (one word) doesn't count. ? How about questions beginning with *when*, like "When is dinner?" or "When can we go home?"	2 1 0	☐
J	36. Uses *because* in phrases or sentences (for example, "Because I want to," "Kathy went home because she was sick"). ? How about using the word *because*?	2 1 0	☐
L	37. Says his/her age at next birthday correctly when asked; holding up correct number of fingers counts. ? What about his/her age at his/her next birthday?	2 1 0	☐

INTERVIEW TOPICS

A Beginning Sounds & Gestures | B Beginning Speech | C Vocabulary | D Using Gestures | E Communicating Names & Age | F Using Simple Grammatical Forms | G Using Intermediate Grammatical Forms | H Using Pronouns | I Asking Questions | J Using Complex Grammatical Forms | K Expressing Ideas & Experiences | L Stating Age, Birthday, & Address | M Giving Directions

			Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
	J	38. Uses past tense verbs (for example, *walked*, *baked*). ? How does he/she use verbs to mean that something happened in the past?	2 1 0	☐
	K	39. Tells the basic parts of a familiar story or book or movie plot (the characters, what happens, how it ends, etc.). ? How much detail does he/she tell about a familiar story when asked?	2 1 0	☐
	J	40. Uses *behind*, *in front of*, and *between* correctly in phrases or sentences (for example, "Terrell is behind you," "I walked in front of her," "The ball went between the cars"). ? How about using the words *behind*, *in front of*, and *between*?	2 1 0	☐
	M	41. Gives simple directions involving one or two steps (for example, how to make, find, or do something). ? What about giving simple directions, like how to make something or find something?	2 1 0	☐
	J	42. Uses compound sentences joined by *and* or *but* (for example, "She asked me, and I told her no"; "Jerome wanted to go, but I didn't"). ? How about putting sentences together using *and* or *but*, for example, "She asked me, and I told her no"?	2 1 0	☐
3+	K	43. Uses own knowledge or opinions to comment on things, situations, and emotions (for example, "I think he's mad at her because she said mean things about him"). ? What about using his/her own knowledge or opinions to comment on things, for example, why a friend is mad at someone?	2 1 0	☐
	K	44. Tells about everyday (i.e., routine) experiences in detail (for example, when asked what he/she did with a friend today, tells who was involved, where the activity took place, etc.). ? How much detail does he/she give when he/she talks about everyday experiences, like what happened at a friend's house?	2 1 0	☐
	K	45. Tells about one-time (i.e., non-routine) experiences in detail (for example, when asked to describe a trip, tells who was involved, where the activity took place, etc.). ? What about when you ask about one-time experiences, like what he/she did on a recent vacation?	2 1 0	☐
	L	46. Says both the month and day of his/her birthday when asked. ? How about the month and day of his/her birthday?	2 1 0	☐
	K	47. Clarifies by restating with different words when he/she is not fully understood at first. ? If he/she is telling you something, and you aren't quite following, what does he/she do to help you understand what he/she is trying to say?	2 1 0	☐
	L	48. Says complete home address correctly when asked (that is, street or rural route, apartment number, city, and state, with or without zip code). ? What about his/her complete home address?	2 1 0	☐
	M	49. Gives complex directions involving three or more steps in logical order (for example, to a distant location, for a recipe requiring many steps). ? What about giving multiple-step directions, like how to get somewhere or prepare a recipe?	2 1 0	☐

Comments or Observations: _____

Office Use Only

Calculation of % Est *(see Manual)*		Raw Score Calculation	
No. of Est	A	Highest-Numbered Basal Item ____ × 2 =	C
No. of Items Answered	B	Points Between Basal and Ceiling	D
(A ÷ B) × 100 =	% Est	**exp** Raw Score	C + D

WRITTEN — COMMUNICATION DOMAIN

INTERVIEW TOPICS

A Identifying Signs & Letters
B Understanding How Writing Works
C Copying
D Beginning Reading
E Beginning Writing
F Working With Written Information
G Personal Writing
H Reading Level
I Advanced Writing
J Forms & Business Letters

			Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
0-2	B	1. Holds a book correctly for reading and turns the pages from front to back. ? How does he/she hold a book and turn the pages?	2 1 0	☐
	A	2. Recognizes one or more simple signs and icons/symbols (for example, STOP signs, bathroom door signs, arrows, smiley face). ? What about familiar signs, symbols, and icons, like STOP signs, bathroom door signs, and arrows?	2 1 0	☐
	A	3. Identifies one or more alphabet letters. ? What letters of the alphabet does he/she identify?	2 1 0	☐
	A	4. Recognizes own name in printed form. ? What about recognizing his/her own name in printed form?	2 1 0	☐
	A	5. Identifies at least 10 alphabet letters. ☑ Score 2 for Yes or 0 for No. ? What letters of the alphabet does he/she identify?	2 0	☐
3	B	6. Understands what direction his/her language is written in (for example, from left to right in English; in other languages from right to left or top to bottom). ? What does he/she understand about writing going from left to right? [Or a substitution appropriate to the individual's language]	2 1 0	☐
	B	7. Writes in the correct direction (for example, from left to right in English; in other languages from right to left or top to bottom). ? How often does he/she write words from left to right? [Or a substitution appropriate to the individual's language]	2 1 0	☐
	C	8. Copies own first name without mistakes. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How well does he/she copy his/her first name?	2 1 0	☐
4	C	9. Copies simple words from an example without mistakes (for example, *cat, see, go*); copying name doesn't count. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How well does he/she copy simple words like *cat, see, go*?	2 1 0	☐
	D	10. Identifies all alphabet letters, both uppercase and lowercase. ☑ Score 2 for Yes or 0 for No. ? For how many letters does he/she recognize both uppercase and lowercase?	2 0	☐
	E	11. Writes alphabet letters using the correct orientation (that is, not reversed or upside down). ? How many alphabet letters does he/she write correctly, not backwards or upside down?	2 1 0	☐
	D	12. Reads at least 10 words. ☑ Score 2 for Yes or 0 for No. ? About how many words does he/she read out loud?	2 0	☐
	E	13. Writes own first and last name from memory; writing first name only doesn't count. ? How often does he/she write both his/her first and last name without copying and without help?	2 1 0	☐
5	D	14. Reads simple sentences of three or more words out loud. ? How long are the sentences that he/she reads out loud?	2 1 0	☐
	C	15. Copies phrases or sentences of four or more words without mistakes. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How well does he/she copy phrases or sentences with four words or more?	2 1 0	☐
	E	16. Writes at least 10 simple words from memory (for example, *hat, ball, the*); may make small spelling errors. ☑ Score 2 for Yes or 0 for No. ? What words does he/she write from memory, other than his/her name?	2 0	☐

INTERVIEW TOPICS

A Identifying Signs & Letters
B Understanding How Writing Works
C Copying
D Beginning Reading
E Beginning Writing
F Working With Written Information
G Personal Writing
H Reading Level
I Advanced Writing
J Forms & Business Letters

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

D 17. Reads simple stories out loud. — 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but has now outgrown it.
? What about reading simple stories?

E 18. Writes simple sentences of three or more words; may make small errors in spelling or grammar. — 2 1 0 ☐
? How long are the sentences that he/she writes?

E 19. Writes at least 20 words from memory; may make small spelling errors. — 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? What words does he/she write from memory, other than his/her name?

H 20. Reads and understands material of a second-grade level or higher. — 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? At about what grade level is he/she reading and comprehending?

G 21. Writes simple notes, letters, emails, or texts that include at least three sentences (for example, thank you notes, postcards, invitations); may use abbreviated words and make small errors in spelling or grammar. — 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? How long are the simple notes, letters, emails, or texts that he/she writes?

F 22. Finds or sorts things in alphabetical order (for example, finds a name in an alphabetized address book or list of phone numbers, finds a word in a dictionary, alphabetizes a list of words or movie titles). — 2 1 0 ☐
? How often is he/she able to find things that are in alphabetical order—for example, words in a dictionary—or put words or actual things like books or music in alphabetical order himself/herself?

F 23. Accurately interprets information presented in simple tables, graphs, or charts. — 2 1 0 ☐
? How accurately does he/she read tables, graphs, or charts?

I 24. Writes short reports or summaries (for example, a summary of something read) at least three sentences long; must use own words rather than simply borrowing or copying from other sources. — 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but now no longer needs to write reports or summaries.
? What about writing a short report or summary of three sentences or more?

6–7 F 25. Accurately interprets visual instructions (for example, assembly instructions, directions shown on a map). — 2 1 0 ☐
? How well does he/she understand and follow visual instructions, such as assembly instructions, diagrams, or directions on a map?

F 26. Uses a table of contents or index to find information within a book or electronic resource. — 2 1 0 ☐
? What about using a table of contents or index to find information within a book or electronic file?

H 27. Reads and understands material of a fourth-grade level or higher. — 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? At about what grade level is he/she reading and comprehending?

G 28. Writes emails, stories, letters, journal entries, etc. at least 10 sentences long; may use abbreviated words and make small errors in spelling or grammar. — 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? How long are the emails, stories, letters, or other longer things that he/she writes?

F 29. Uses the Internet or a library to find information for writing a paper or completing a job assignment. — 2 1 0 ☐
? How does he/she go about finding information that he/she needs to write a paper or complete a job assignment?

8+ I 30. Writes reports, papers, or essays at least one page long; must use own words rather than simply borrowing or copying from other sources. — 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but now no longer needs to write reports, papers, or essays.
? How long are the reports, papers, or essays that he/she writes using his/her own words, not just copying something?

G 31. Writes or draws instructions for others (for example, how to do something, how to get somewhere). — 2 1 0 ☐
? What about writing or drawing instructions or directions for someone, like how to do something or get somewhere?

WRITTEN COMMUNICATION DOMAIN

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

I 32. Edits or corrects own written work before handing it in (for example, checks punctuation, spelling, grammar, etc.); use of computer spell-checker is okay. 2 1 0 ☐
? What does he/she do to check and correct his/her written work before handing it in?

J 33. Accurately completes paper or electronic forms of one page or less (for example, forms for school or work). 2 1 0 ☐
? How long are the paper or electronic forms that he/she completes accurately on his/her own, such as forms for school or work?

H 34. Reads and understands material of a sixth-grade level or higher. 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? At about what grade level is he/she reading and comprehending?

I 35. Writes reports or compositions at least three pages long; must use own words rather than simply borrowing or copying from other sources. 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but now no longer needs to write reports or compositions.
? How long are the reports or compositions that he/she writes using his/her own words, not just copying something?

H 36. Reads and understands material of a ninth-grade level or higher. 2 0 ☐
☑ Score 2 for Yes or 0 for No.
? At about what grade level is he/she reading and comprehending?

J 37. Accurately completes paper or electronic forms of two pages or more (for example, a job, college, or credit application). 2 1 0 ☐
? How long are the paper or electronic forms that he/she completes accurately on his/her own, such as a job, college, or credit application?

J 38. Writes business or application letters (for example, requests information, makes a complaint, applies for a job or to a school). 2 1 0 ☐
? What kinds of business or application letters does he/she write?

Comments or Observations: _____

Office Use Only

Calculation of % Est *(see Manual)*		Raw Score Calculation			
No. of Est	A	Highest-Numbered Basal Item		× 2 =	C
No. of Items Answered	B	Points Between Basal and Ceiling			D
(A ÷ B) × 100 =	% Est	**wrn** Raw Score			C + D

INTERVIEW TOPICS

A Beginning to Eat	D Using Spoon & Fork	G Cleaning Hands & Face	J Fastening Fasteners	M Using Knives When Eating	P Health Care
B Cooperating in Dressing & Washing	E Removing Clothing	H Putting on Clothes & Shoes	K Bathing	N Eating & Exercise Choices	
C Beginning to Drink	F Toilet Training	I Hygiene	L Using the Bathroom	O Preparing for Weather	

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

0 A 1. Opens mouth when food is offered. 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but has now outgrown being fed.
? What does he/she do when you put some food in front of his/her mouth?

C 2. Drinks from a bottle or spill-proof drinking cup (often called a "sippy cup"); must hold the bottle or cup himself/herself. 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but has now outgrown it.
? How much help does he/she need with a bottle or a "sippy cup?"

A 3. Sucks or chews on finger foods (for example, crackers, cookies, toast). 2 1 0 ☐
? What about finger foods like small crackers or cookies?

A 4. Eats solid foods (for example, cooked vegetables, chopped meats). 2 1 0 ☐
? What about solid foods like cooked vegetables or chopped meat?

B 5. Cooperates actively in undressing and dressing (raises arms for removing top, holds out feet for putting on pants or shoes, etc.). 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but has now outgrown it.
? What about undressing and getting dressed?

B 6. Cooperates actively in washing of hands and face (holds out hands, turns face toward parent or caregiver, etc.). 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but has now outgrown it.
? What about when someone washes his/her hands and face?

D 7. Feeds self with a spoon; may spill. 2 1 0 ☐
? How about using a spoon?

E 8. Removes shoes and socks. 2 1 0 ☐
? What about shoes and socks?

1 C 9. Drinks from a regular cup or glass (sippy cups don't count); some spilling may occur. 2 1 0 ☐
? What about a regular glass or cup?

D 10. Feeds self with a fork; may spill. 2 1 0 ☐
? How about using a fork?

E 11. Removes clothing that opens in the front (for example, a coat or jacket); does not have to unbutton or unzip the clothing. 2 1 0 ☐
? What about a jacket or something else that opens in the front?

F 12. Lets someone know when he/she has a wet or soiled diaper or pants (for example, points, vocalizes, pulls at diaper). 2 1 0 ☐
☑ Score 2 if the individual did this when younger, but has now outgrown it.
? What does he/she do when he/she has a wet or dirty diaper or pants?

H 13. Pulls up clothing with elastic waistbands (for example, underwear, sweatpants). 2 1 0 ☐
? What about clothes that have elastic waistbands?

C 14. Drinks from a regular cup or glass without spilling (sippy cups don't count). 2 1 0 ☐
? What about a regular glass or cup?

F 15. Urinates in a toilet or potty chair; parent or caregiver may initiate. 2 1 0 ☐
? How is he/she using the toilet or a potty chair?

G 16. Washes hands using soap and water and dries them; does not need to turn the water on and off or adjust the temperature. 2 1 0 ☐
? What about washing his/her hands?

D 17. Feeds self with a spoon without spilling. 2 1 0 ☐
? How about using a spoon?

E 18. Removes pullover garments (for example, T-shirt, sweatshirt, dress). 2 1 0 ☐
? What about a T-shirt or something else that he/she has to pull off over his/her head?

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* | Check if Est

H	19. Puts on shoes; may be on the wrong feet and does not need to tie or fasten. ? Who puts on his/her shoes?	2 1 0	☐
H	20. Puts on clothing that opens in the front (for example, a coat or jacket); does not need to zip or button. ? What about a jacket or something else that opens in the front?	2 1 0	☐
F	21. Defecates in a toilet or potty chair; parent or caregiver may initiate. ? How is he/she using the toilet or a potty chair?	2 1 0	☐
F	22. Is toilet-trained during the day; may require help with undressing, flushing, wiping, or washing hands, *but must initiate using the toilet.* ? What happens during the day?	2 1 0	☐
H	23. Puts on pullover garments (for example, T-shirt, sweatshirt, dress). ? What about a T-shirt or something else that he/she has to put on over his/her head?	2 1 0	☐
I	24. Wipes or blows nose using tissue, napkin, toilet paper, or other appropriate material. ? What about wiping and blowing his/her nose?	2 1 0	☐
2 G	25. Washes and dries face; does not need to turn the water on and off or adjust the temperature. ? What about washing his/her face?	2 1 0	☐
G	26. Wipes or cleans face and hands as needed during or after meals. ? What about wiping or cleaning his/her face and hands while eating and afterwards?	2 1 0	☐
H	27. Puts clothing on with the right side forward and correct side out. ? What about putting his/her clothes on with the right side forward and the correct side out?	2 1 0	☐
F	28. Is toilet-trained during the night; may require help with undressing, flushing, wiping, or washing hands, *but must initiate using the toilet.* ? What about accidents during the night?	2 1 0	☐
I	29. Covers mouth and nose when coughing or sneezing. ? What does he/she do when he/she coughs or sneezes?	2 1 0	☐
F	30. Uses the toilet during the day and at night without help; must wipe, flush, and wash hands by himself/herself. ? How much help does he/she need?	2 1 0	☐
J	31. Fastens snaps. ? What about snaps?	2 1 0	☐
I	32. Brushes teeth; must put toothpaste on toothbrush, brush adequately, and rinse. ? What about brushing his/her teeth?	2 1 0	☐
3 J	33. Buttons large buttons, in the correct buttonholes (for example, coat buttons). ? How about big buttons, like on a coat?	2 1 0	☐
I	34. Changes clothing that has become dirty, wet, muddy, or smelly. ? What about changing clothes if they've gotten dirty, wet, muddy, or smelly?	2 1 0	☐
J	35. Connects and zips zippers that are not already fastened at the bottom (for example, on a coat or jacket). ? What about zippers that are not already fastened at the bottom, like on a coat or jacket?	2 1 0	☐
K	36. Bathes or showers and dries self; does not need to turn the water on and off or adjust the temperature. ? What about taking a bath or a shower?	2 1 0	☐
H	37. Puts shoes on the correct feet and securely ties or fastens them. ? What about tying or fastening his/her shoes?	2 1 0	☐
M	38. Spreads food with a table knife (for example, butter, jam, mustard). ? How does he/she use a table knife?	2 1 0	☐
J	39. Buttons small buttons, in the correct buttonholes (for example, shirt buttons). ? How about small buttons, like on a shirt?	2 1 0	☐
N	40. Shows awareness that some foods are healthier than others (for example, states that fruits and vegetables are healthier than foods high in sugar or fat). ? What does he/she know about healthy and unhealthy foods?	2 1 0	☐

INTERVIEW TOPICS

A Beginning to Eat	D Using Spoon & Fork	G Cleaning Hands & Face	J Fastening Fasteners	M Using Knives When Eating	P Health Care
B Cooperating in Dressing & Washing	E Removing Clothing	H Putting on Clothes & Shoes	K Bathing	N Eating & Exercise Choices	
C Beginning to Drink	F Toilet Training	I Hygiene	L Using the Bathroom	O Preparing for Weather	

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

L	41. Finds and uses an appropriate restroom when away from home. ? What happens if he/she needs to use the bathroom away from home?	2 1 0	☐
K	42. Turns faucets on and adjusts the water temperature. ? What about turning faucets on and adjusting the water temperature?	2 1 0	☐
O	43. Selects appropriate clothing during wet or cold weather (for example, raincoat, boots, sweater). ? What kind of clothes does he/she choose if it's rainy or cold?	2 1 0	☐
M	44. Cuts easy-to-cut food with a table knife (for example, fish, pancakes, butter). ? How does he/she use a table knife?	2 1 0	☐
4+ N	45. Shows awareness that physical exercise is good for people (for example, states that exercise is healthy, that people should exercise, etc.). ? What does he/she know about the health benefits of exercise?	2 1 0	☐
K	46. Washes and rinses hair; does not need to turn the water on and off or adjust the temperature. ? Who washes his/her hair?	2 1 0	☐
N	47. Chooses to exercise for health and/or enjoyment. ? How often does he/she choose to exercise on his/her own?	2 1 0	☐
L	48. Uses the toilet before going out if uncertain about the availability of a restroom. ? What about using the toilet before going out if there might not be a bathroom at his/her destination?	2 1 0	☐
N	49. Makes healthy eating choices (eats a balanced diet, eats unhealthy foods in moderation, etc.). ? How often does he/she choose to eat healthy foods?	2 1 0	☐
M	50. Cuts harder-to-cut food with a sharp knife (for example, meat, raw vegetables). ? How does he/she use a sharp knife?	2 1 0	☐
O	51. Plans for changes in weather by taking along an umbrella, a sweater, etc. ? What does he/she do to prepare for a change in the weather while he/she is out?	2 1 0	☐
P	52. Takes own temperature when needed. ? What about taking his/her own temperature?	2 1 0	☐
P	53. Takes medicine as directed on his/her own. ? What about taking medicine?	2 1 0	☐
P	54. Goes to the doctor when needed (that is, when illness or injury requires professional care). ? What happens when he/she is sick or hurt enough that he/she needs to see a doctor or nurse?	2 1 0	☐
P	55. Monitors supply of medications (nonprescription and prescription) and replaces them as needed. ☑ If the respondent has not had the opportunity to observe this, estimate a score and check the Estimated box. ? What about keeping track of and refilling any medicines that he/she takes?	2 1 0	☐

Comments or Observations: _____

Office Use Only

Calculation of % Est *(see Manual)*		Raw Score Calculation	
No. of Est	A	Highest-Numbered Basal Item ____ × 2 =	C
No. of Items Answered	B	Points Between Basal and Ceiling	D
(A ÷ B) × 100 =	% Est	per Raw Score	C + D

INTERVIEW TOPICS

A Beginning Home Safety
B Cleaning Up After Self
C Putting Clothes, etc. Where They Belong
D Food Preparation Basics
E Advanced Home Safety
F Basic Household Chores
G Cleaning Up After Meals
H More Complex Food Preparation
I Advanced Household Chores

		Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
0-2	A	1. Is careful around hot objects (for example, the stove or oven, an open fire). ? What about safety concepts like being careful around hot objects?	2 1 0 ☐
	A	2. Is careful when using sharp objects (for example, scissors, knives). ? What about sharp things like knives or scissors?	2 1 0 ☐
	B	3. Wipes up own spills; must get wiping material and clean the spill adequately. ? What does he/she do if he/she spills something?	2 1 0 ☐
	C	4. Puts dirty clothes in the proper place to be washed (for example, a laundry basket or chute). ? What about his/her dirty clothes?	2 1 0 ☐
3-4	B	5. Removes dirty shoes or wipes them on a doormat before entering a residence. ? What does he/she do if his/her shoes are dirty when he/she is going into someone's house?	2 1 0 ☐
	B	6. Puts away his/her books, toys, etc. when done using them. ? What about after he/she is done using things like toys, books, or magazines?	2 1 0 ☐
	D	7. Washes hands before preparing food. ? What about washing his/her hands before preparing food?	2 1 0 ☐
	B	8. Fully clears own dishes, utensils, napkins, cups, etc. after eating. ? What about clearing his/her own dishes and things after eating?	2 1 0 ☐
	F	9. Does at least two simple household chores (for example, dusts, empties trash cans, feeds pet). ? What simple chores does he/she do?	2 1 0 ☐
5-6	D	10. Prepares a simple snack or meal (for example, a sandwich, cheese and crackers, microwave foods). ? What about preparing a simple snack or meal like a sandwich, cheese and crackers, or microwave food?	2 1 0 ☐
	E	11. Understands what to do in dangerous situations (for example, when to get help, when to call 911, how to distance self from danger). ? What does he/she understand about what to do in dangerous situations, for example, when to get help or call 911?	2 1 0 ☐
	C	12. Hangs wet towel on a towel rack or hook, or puts in the proper place to be washed. ? What about his/her wet towels?	2 1 0 ☐
	C	13. Puts clean clothes away where they belong (for example, in drawers or closet, on hooks). ? What about his/her clean clothes after they've been washed?	2 1 0 ☐
	D	14. Uses at least two simple kitchen appliances (for example, toaster, microwave, electric can opener). ? What kitchen appliances does he/she use, things like a toaster, microwave, or electric can opener?	2 1 0 ☐
	D	15. Washes fruits and vegetables before eating or cooking them. ? What about washing fruits and vegetables before eating or cooking them?	2 1 0 ☐
	E	16. Secures home against intruders when home (keeps doors locked, finds out who is at the door before opening it, etc.). ? What does he/she do to keep intruders out when he/she is home, things like locking the doors and asking who's at the door before opening it?	2 1 0 ☐
	D	17. Uses at least three kitchen utensils to prepare food (for example, knives, tongs, spatula, vegetable peeler). ? What kitchen utensils does he/she use, things like knives, spatulas, and vegetable peelers?	2 1 0 ☐
7-8	E	18. Is careful when operating household appliances or equipment (for example, vacuum cleaner, lawnmower, iron, power tools). ? How careful is he/she when using household appliances or equipment like a vacuum cleaner, lawnmower, iron, or power tools?	2 1 0 ☐
	D	19. Prepares and eats leftovers. ? What about preparing leftovers?	2 1 0 ☐

		Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
F	20. Uses household products correctly (for example, laundry detergent, furniture polish, glass cleaner). ? What about using household products like cleaners correctly?	2 1 0	☐
G	21. Puts dishes away when clean and dry. ? What about putting away clean dishes when he/she is supposed to?	2 1 0	☐
E	22. Secures home against intruders when leaving home (locks doors, closes windows, turns on alarm, etc.). ? What does he/she do to keep intruders out when he/she leaves home?	2 1 0	☐
G	23. Washes dishes (either by hand, or by loading and running the dishwasher when needed). ? What about washing dishes when he/she is supposed to?	2 1 0	☐
F	24. Cleans floors thoroughly (sweeps, vacuums, mops, etc.). ? What about cleaning floors when he/she is supposed to?	2 1 0	☐
G	25. Puts leftover food away (for example, in plastic bags or wrap, in containers). ? What about putting away leftover food when he/she is supposed to?	2 1 0	☐
H	26. Uses the stove or oven for cooking or baking (turns burners on and off, sets oven temperature, etc.). ? What about using the stove or oven?	2 1 0	☐
I	27. Recognizes when simple maintenance tasks need to be done and does them (for example, replaces light bulbs, batteries, filters, or vacuum cleaner bag). ? What about noticing when things like light bulbs or batteries need changing and doing it on his/her own?	2 1 0	☐
I	28. Cleans bathroom (toilet, sink, tub or shower, etc.). ? What about cleaning a bathroom when he/she is supposed to?	2 1 0	☐
I	29. Does laundry; must wash, dry, and fold/hang. ? What about doing laundry when he/she is supposed to?	2 1 0	☐
H	30. Prepares a full meal consisting of three or more food items. ? What's an example of a big meal that he/she prepares by himself/herself?	2 1 0	☐

ɔmments or Observations: _____

Office Use Only	Calculation of % Est *(see Manual)*		Raw Score Calculation		
	No. of Est	A	Highest-Numbered Basal Item	× 2 =	C
	No. of Items Answered	B	Points Between Basal and Ceiling		D
	(A ÷ B) × 100 =	% Est	**dom** Raw Score		C + D

INTERVIEW TOPICS

A Basic Money Skills	D Basic Rights & Responsibilities	G Using Money	J Advanced Safety Outside the Home	M Achieving Goals	P Earning Money
B Basic Safety Outside the Home	E Calendar Basics	H Using Technology	K Being On Time	N Understanding Rights	Q Managing Money
C Telling Time	F Telephone Use	I Eating Out	L Shopping Skills	O Traveling	

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

	F	1. Talks to a familiar person using a phone, computer, or other electronic device; does not need to place the call. ? How often does he/she talk with someone he/she knows?	2 1 0 ☐
0–2	A	2. Understands that money is used to buy things. ? How can you tell that he/she understands what money is used for?	2 1 0 ☐
	A	3. Counts at least 10 objects, one by one. ? To use money, you have to be able to count things. How many things like blocks or other objects does he/she count correctly?	2 1 0 ☐
	B	4. Remains within safe distance of caregiver when in public places; being carried, pushed in a stroller, etc. doesn't count. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about staying within a safe distance from you when you are out in public?	2 1 0 ☐
	B	5. Understands and follows safety precautions while riding in a car (for example, keeps seat belt on, refrains from unnecessarily distracting the driver). ? What about staying safe in the car, for example, keeping his/her seatbelt on and not distracting the driver?	2 1 0 ☐
	C	6. Understands that a clock is used to tell time. ? How can you tell if he/she knows what a clock is used for?	2 1 0 ☐
	H	7. Operates at least two technology devices for entertainment (for example, a television, DVD player, music player, handheld game, computer used for entertainment). ? What electronic devices does he/she use for entertainment?	2 1 0 ☐
	I	8. Uses appropriate manners when eating in public (for example, uses utensils, sits properly, doesn't disrupt others). ? How are his/her manners when eating out?	2 1 0 ☐
	E	9. Says all seven days of the week in order when asked. ? If you ask him/her to say the days of the week in order, how often does he/she get it right?	2 1 0 ☐
3–4	B	10. Looks both ways when crossing streets or roads. ? What does he/she do in terms of safety when crossing streets or roads?	2 1 0 ☐
	D	11. Respects the right to personal privacy for self and others (for example, while using the restroom or changing clothes; not opening others' mail). ? What about people's right to privacy?	2 1 0 ☐
	A	12. Names a penny, nickel, dime, and quarter when asked; does not need to know the value of the coins. ? What coins does he/she identify?	2 1 0 ☐
5	E	13. Says the current day of the week when asked. ? What if you ask him/her "What day of the week is it today?"	2 1 0 ☐
	A	14. Understands that some items cost more than others (for example, might say "I have enough money to buy stickers but not a book" or "Which pens cost less?"). ? What does he/she understand about some things costing more than others?	2 1 0 ☐
	F	15. Knows what phone number to call in an emergency and how to make the call (for example, knows how to call 911 or an emergency contact). ? What does he/she know about making a call in an emergency?	2 1 0 ☐
	B	16. Obeys traffic lights and *Walk/Don't Walk* signs when crossing streets or roads. ? What about crossing when there's a light or a *Walk/Don't Walk* sign?	2 1 0 ☐
	C	17. Tells time using a digital clock or watch. ? What kinds of clocks or watches can he/she tell time on?	2 1 0 ☐
	D	18. Understands and follows community rules and laws (for example, rules and laws regarding littering, pet control, respecting others' property, etc.). ? What about community rules and laws, like those regarding littering, pet control, and respecting others' property?	2 1 0 ☐
	F	19. Makes calls to others using a phone, computer, or other electronic device. ? How often does he/she call someone on his/her own?	2 1 0 ☐
	G	20. Knows the difference between bills of different values ($1, $5, $10 bills, etc.). ? What does he/she know about the values of different bills, for example, the difference between a one-dollar bill and a ten-dollar bill?	2 1 0 ☐

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

B	21. Understands signs or symbols used to indicate danger (for example, skull and crossbones for poison, circle with slash for "don't do"). ? What does he/she know about signs or symbols that are used to indicate danger, like the warning sign that's a circle with a slash through it?	2 1 0	☐
E	22. Identifies a specific date (either the current date or another) on a calendar when asked. ? What if you ask him/her to find a specific date on a calendar, like today's date or his/her birthday?	2 1 0	☐
G	23. Says the value of a penny (1 cent), nickel (5 cents), dime (10 cents), and quarter (25 cents) when asked. ? What does he/she know about how much different coins are worth?	2 1 0	☐
J	24. Chooses to avoid dangerous or risky activities or situations (for example, walking in an unsafe area, jumping off high places, picking up a hitchhiker). ? How often does he/she do something risky, like walking in an unsafe area, jumping off high places, or picking up a hitchhiker?	2 1 0	☐
G	25. Makes small purchases at a store (for example, candy, stickers). ? How often does he/she make purchases by himself/herself?	2 1 0	☐
G	26. Combines coins to equal a specific amount (for example, 87 cents). ? What if he/she needs to combine coins to equal a specific amount, 87 cents for example?	2 1 0	☐
J	27. Follows safety precautions in work and/or leisure activities (for example, wears safety equipment, uses caution when operating tools and machinery). ? What does he/she do to stay safe when working or having fun?	2 1 0	☐
H	28. Watches or listens to TV or radio or uses the Internet to obtain current information (for example, news, weather report, traffic conditions). ? How often does he/she use a technology device to get current information like news, weather, or traffic conditions?	2 1 0	☐
K	29. Uses a clock to keep track of when to do something (for example, watch a TV show, meet a friend). ? How well does he/she use a clock to keep track of when to do something?	2 1 0	☐
M	30. Sets a short-term goal and achieves it (for example, completes all homework by Thursday night in order to have the weekend free). ? What are some short-term goals that he/she has achieved recently?	2 1 0	☐
F	31. Finds a needed phone number (for example, uses a contact list, the Internet, a phone book, 411). ? What does he/she do if he/she needs to find a phone number?	2 1 0	☐
J	32. Keeps personal belongings secure (wallet, purse, phone, etc.) when away from home (for example, when shopping, eating out, or traveling). ? What does he/she do to keep his/her money, phone, and other belongings from being lost or stolen when he/she is away from home?	2 1 0	☐
K	33. Gets up on time when needed (for example, sets alarm, arranges to be awakened). ? What does he/she do when he/she needs to get up at a certain time?	2 1 0	☐
L	34. Carries or stores money/debit card/credit cards safely, without losing (for example, in a wallet, purse, or money belt). ? What does he/she do to keep his/her money, debit card, and credit cards safe when out in public?	2 1 0	☐
H	35. Operates technology to accomplish at least two kinds of tasks (for example, writing documents, school-related email, organizing information, finding information on the Internet). ? How does he/she use technology to get tasks done, such as schoolwork?	2 1 0	☐
N	36. Understands the right to vote. ? What about the right to vote?	2 1 0	☐
H	37. Uses at least two social interaction technologies (for example, personal email, texting, social media, Skype™; telephone calls don't count). ? How does he/she use technology for social purposes?	2 1 0	☐
L	38. Checks change to make sure it is correct after buying something. ? How often does he/she check his/her change after buying something to make sure it's correct?	2 1 0	☐
L	39. Evaluates quality and price when deciding what to buy. ? What factors does he/she consider in deciding what to buy?	2 1 0	☐
N	40. Understands the right to begin or discontinue services (for example, telephone or Internet service). ? What about the right to start or stop a service, for example, phone service?	2 1 0	☐
N	41. Understands the right to report legitimate problems with products, services, living situation, etc. ? What about the right to report a problem with a product, a service, or his/her living situation?	2 1 0	☐

INTERVIEW TOPICS

A Basic Money Skills
B Basic Safety Outside the Home
C Telling Time
D Basic Rights & Responsibilities
E Calendar Basics
F Telephone Use
G Using Money
H Using Technology
I Eating Out
J Advanced Safety Outside the Home
K Being On Time
L Shopping Skills
M Achieving Goals
N Understanding Rights
O Traveling
P Earning Money
Q Managing Money

		Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
K	42. Notifies an appropriate person when he/she will be late or absent for school, work, an appointment, etc. ? What about calling in on his/her own if he/she will be late or absent for school, work, or an appointment?	2 1 0	☐
M	43. Sets a goal that can be done in six months or more and achieves it (for example, works and saves money to buy something expensive, gets in better physical shape). ? How about any goals that need six months or more to achieve?	2 1 0	☐
12+ O	44. Travels at least one mile to a familiar destination when needed (using public transportation, walking, biking, driving, etc.). ? What about traveling to places where he/she has gone many times?	2 1 0	☐
P	45. Has worked to earn money outside the home (for example, babysitting or yard work for a neighbor, having a job). ☑ Score 2 for Yes or 0 for No. ? What has he/she done to earn money outside the home, like babysitting or yard work for a neighbor, or having a job?	2 0	☐
I	46. At a restaurant, gets seating, chooses what to order, places order, and pays for meal. ? What parts of eating in a restaurant does he/she do completely on his/her own, like getting a place to sit, ordering, and paying?	2 1 0	☐
N	47. Understands the right to access records and information (for example, school or medical records, credit history). ? What about the right to see records or other information about him/her, like school or doctor's records?	2 1 0	☐
O	48. Travels at least one mile to an unfamiliar destination when needed (using public transportation, walking, biking, driving, etc.). ? What about traveling to new places?	2 1 0	☐
M	49. Sets a long-range goal requiring two years or more and achieves it (for example, makes a sports or academic team, gets into college). ? How about any goals that need two years or more to achieve?	2 1 0	☐
O	50. Uses a city, highway, bus, or electronic map (or GPS) to figure out how to reach a destination when needed. ? What does he/she do to figure out how to get somewhere?	2 1 0	☐
L	51. Buys groceries and household supplies when needed. ? How often does he/she get groceries and household supplies?	2 1 0	☐
Q	52. Manages daily expenses responsibly (for example, meals, bus fare). ? What about planning for daily expenses like meals and bus fare and sticking to that plan?	2 1 0	☐
Q	53. Uses a bank account responsibly (keeps money in the account, keeps tracks of the balance, doesn't overdraw, etc.). ? What about using a bank account responsibly?	2 1 0	☐
P	54. Has held a job (10 hours or more a week) for at least one month. ☑ Score 2 for Yes or 0 for No. ? What's the longest he/she has held a job?	2 0	☐
Q	55. Uses a credit or debit card in his/her name responsibly (for example, does not exceed credit limit, pays on time). ? What about using a credit or debit card responsibly?	2 1 0	☐
Q	56. Manages monthly expenses responsibly (for example, rent, utilities). ? What about planning for monthly expenses like rent and utilities and sticking to that plan?	2 1 0	☐
Q	57. Pays bills on time. ? How often does he/she pay his/her bills on time?	2 1 0	☐
P	58. Has held the same job (10 hours or more a week) for at least one year. ☑ Score 2 for Yes or 0 for No. ? What's the longest he/she has held a job?	2 0	☐

Comments or Observations: _____

Office Use Only	Calculation of % Est *(see Manual)*		Raw Score Calculation		
	No. of Est	A	Highest-Numbered Basal Item	× 2 =	C
	No. of Items Answered	B	Points Between Basal and Ceiling		D
	(A ÷ B) × 100 =	% Est	**cmm** Raw Score		C + D

INTERVIEW TOPICS

A Beginning Social Behavior
B Responding to Familiar People
C Expressing & Recognizing Emotions
D Identifying Self & Others
E Imitating Others
F Interpersonal Appropriateness
G Friendships
H Demonstrating Caring
I Conversational Skills
J Taking Others' Perspective
K Interpersonal Flexibility

			Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
0	A	1. Looks at the face of parent or caregiver. ? When does he/she look at your face?	2 1 0	☐
	A	2. Smiles in response to a smile or a friendly voice. ? What does he/she do when you smile at him/her or speak pleasantly to him/her?	2 1 0	☐
	B	3. Recognizes family members or other significant people. ? How can you tell when he/she recognizes family members or other people who he/she knows well?	2 1 0	☐
	B	4. Smiles or makes sounds when approached by a familiar person. ? What does he/she do when someone who he/she knows comes up to him/her?	2 1 0	☐
	C	5. Shows at least three different emotions (for example, happiness, sadness, surprise, fear). ? What kinds of emotions does he/she show?	2 1 0	☐
	A	6. Tries to interact with others (for examples, smiles or makes noises at someone, reaches for someone). ? How do you know if he/she wants to interact with you?	2 1 0	☐
	B	7. Reaches for familiar person when that person holds out arms to him/her. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What does he/she do when you hold out your arms to pick him/her up?	2 1 0	☐
	B	8. Shows affection to familiar people (for example, touches, hugs, kisses, cuddles). ? How does he/she show affection to familiar people?	2 1 0	☐
	A	9. Shows interest in children the same age, other than brothers or sisters (for example, watches them, smiles at them). ? What does he/she do around other children his/her age, apart from his/her brothers or sisters?	2 1 0	☐
	B	10. Looks around from time to time to check that parent, caregiver, or other familiar person is nearby. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How typical is it of him/her to look around from time to time to be sure that someone familiar is nearby?	2 1 0	☐
	D	11. Identifies self while looking at own image in mirror or photo. ? What does he/she do when he/she sees himself/herself in a mirror or photo?	2 1 0	☐
	C	12. Smiles in response to praise or compliments (for example, "Good job," "That's a nice shirt"). ? How does he/she respond when someone praises him/her or gives him/her a compliment?	2 1 0	☐
	E	13. Imitates or tries to imitate parent's or caregiver's facial expressions (for example, when parent or caregiver makes a happy, sad, or surprised face). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about copying your facial expressions, for example, when you make a happy, sad, or surprised face?	2 1 0	☐
1	C	14. Recognizes emotions in others (for example, might say "You look sad" or "Rachel is happy"). ? How can you tell that he/she knows what other people are feeling?	2 1 0	☐
	E	15. Imitates relatively complex actions as they are being performed by another person (for example, shaving, putting on makeup, vacuuming, hammering nails). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about copying an activity while you or someone else is doing it, like pretending to shave, put on makeup, or vacuum?	2 1 0	☐
	H	16. Uses actions or words to show happiness, sympathy, or concern for others on own initiative (for example, hugs, holds hands, asks "Are you okay?"). ? How does he/she show other people that he/she feels happy for them, sad for them, or concerned about them?	2 1 0	☐
	G	17. Tries to make friends with others his/her age (that is, shows particular interest in interacting with certain other children). ? How does he/she try to make friends with others his/her age?	2 1 0	☐

INTERVIEW TOPICS

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K Interpersonal Flexibility

		Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
D	18. Says the relationship of family members to self (for example, "That's my mom," "He's my brother"); simply calling parents Mom, Dad, or equivalent doesn't count. ? How does he/she describe how family members are related to him/her, things like "that's my mom" or "he's my brother"?	2 1 0	☐
C	19. Uses words to express own emotions (for example, "I'm happy," "I'm scared," "I don't like him"). ? What words does he/she use to show his/her emotions?	2 1 0	☐
F	20. Maintains culturally appropriate eye contact during social interactions. ? What about making proper eye contact when he/she interacts with people?	2 1 0	☐
F	21. Answers politely when familiar adults make small talk (for example, if asked "How are you?" says "I'm fine"; if told "You look nice," says "Thank you"). ? How does he/she respond when adults who he/she knows make "chit chat" or small talk, like asking "How are you?" or saying "You look nice"?	2 1 0	☐
E	22. Imitates relatively complex actions several hours after watching someone else perform them (for example, shaving, putting on makeup, vacuuming, hammering nails). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about copying an activity several hours after seeing you or someone else do it, like pretending to shave, put on makeup, or vacuum?	2 1 0	☐
F	23. Speaks using a loudness, speed, and level of excitement that is appropriate for the conversation. ? What about adjusting his/her voice to the proper loudness, talking speed, and level of excitement for the conversation?	2 1 0	☐
H	24. Does things to try to please others on own initiative (for example, makes someone a card or gift, helps without being asked). ? How often does he/she do things to try to please others, like making them a card or gift or helping with something without being asked?	2 1 0	☐
G	25. Has a best friend or a few good friends. ☑ Score 2 for Yes or 0 for No. ? What about a best friend or a few really good friends?	2 0	☐
F	26. Maintains an acceptable distance between self and others in social situations (for example, does not get too close to another person when talking). ? What about not standing too close or too far away from other people in social situations?	2 1 0	☐
G	27. Is a good friend: Treats his/her friends fairly and with respect, is supportive, etc. ? How does he/she usually treat his/her friends?	2 1 0	☐
I	28. Talks with others about shared interests (for example, sports, TV shows, summer plans). ? What about talking with someone about things that they're both interested in?	2 1 0	☐
G	29. Maintains friendships over time (for example, has had the same good friend for over a year). ? How long have his/her best friendships lasted?	2 1 0	☐
J	30. Recognizes that the likes and dislikes of others can differ from his/her own (for example, might say "Kelly likes pizza, but I don't"; "I liked that movie, but Gretchen hated it"). ? How well does he/she realize that other people might not like and dislike the same things that he/she does, for example, movies or kinds of food?	2 1 0	☐
I	31. Starts small talk when he/she meets people he/she knows (for example, says "How are you?"; "What's up?"). ? How often does he/she start "chit chat" or small talk when seeing people who he/she knows, like asking "How are you?"	2 1 0	☐
G	32. Chooses friends with good qualities: Friends who treat him/her with respect, are supportive, stay out of trouble, etc. ? What kinds of friends does he/she usually choose in terms of how they treat him/her, if they're troublemakers, and so on?	2 1 0	☐
I	33. Moves easily from one topic to another in conversation when needed; does not "get stuck" on one topic. ? How flexible is he/she at moving from one topic to another in conversations?	2 1 0	☐

		Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
I	34. Talks with others without interrupting or being rude. ? What about talking with others without interrupting or being rude?	2 1 0	☐
J	35. Tells others what he/she is thinking and feeling instead of assuming that they know. ? How often does he/she tell people what he/she is thinking and feeling, instead of assuming that they know?	2 1 0	☐
4 I	36. Stays on topic in conversations when needed; does not digress. ? What about staying on topic in conversations, rather than getting off track?	2 1 0	☐
H	37. Responds positively to the good fortune of others on own initiative (for example, congratulates a friend who receives an award). ? What does he/she do when something good has happened to someone, like when a friend gets an award?	2 1 0	☐
H	38. Gives cards and/or gifts to immediate family members on "special days" on own initiative. ? What about giving cards or gifts to family members on special days like birthdays or holidays without being reminded or told?	2 1 0	☐
K	39. Will engage in activities suggested by friends, even if not preferred. ☑ If the respondent has not had the opportunity to observe this, estimate a score and check the Estimated box. ? How often does he/she do something suggested by friends when he/she would rather do something else?	2 1 0	☐
5+ J	40. Starts conversations with others by talking about things that interest them (for example, "Tyrone tells me you like cars"). ? How often does he/she start a conversation with someone by bringing up something that he/she knows that the other person is interested in?	2 1 0	☐
K	41. Participates in conversations on a topic not of interest to him/her. ? What about talking with others about things that they're interested in, even though he/she really isn't?	2 1 0	☐
J	42. Responds to hints or indirect cues in conversation (for example, knows that a yawn may mean "I'm bored," an abrupt change of subject may mean "I don't want to talk about that," looking at the time may mean "I need to end this conversation"). ? When someone he/she is talking with drops a hint like yawning because they're bored, looking at the time, or changing the subject, how often does he/she get the hint and react appropriately to it?	2 1 0	☐
J	43. Provides additional explanation when needed in order for someone to follow what he/she is saying (for example, "In case you missed what I said…," "What we were talking about was…"). ? What about recognizing when someone he/she is talking with needs some background information or something explained in order to follow what's being said?	2 1 0	☐

Comments or Observations: _____

Office Use Only	Calculation of % Est *(see Manual)*		Raw Score Calculation		
	No. of Est	A	Highest-Numbered Basal Item	× 2 =	C
	No. of Items Answered	B	Points Between Basal and Ceiling		D
	(A ÷ B) × 100 =	% Est	**ipr** Raw Score		C + D

INTERVIEW TOPICS

A Beginning to Play
B Playing With Others
C Make-Believe
D Sharing
E Responding to Social Cues
F Following Rules in Games & Sports
G Playing Games
H Doing Things With Peers
I Planning Activities

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

0	A	1. Responds when parent or caregiver is playful (for example, smiles, laughs, claps hands). ? How does he/she respond when you act playful with him/her?	2 1 0	☐
	A	2. Shows interest in surroundings (for example, looks or moves around, touches objects or people). ? What does he/she do that shows that he/she is interested in the things around him/her?	2 1 0	☐
	A	3. Plays simple interaction games with others (for example, peek-a-boo, patty-cake). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about playing baby games like peek-a-boo and patty-cake?	2 1 0	☐
	A	4. Plays near another child, each doing different things. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How about playing near another child who is playing, even if they're not playing together?	2 1 0	☐
	A	5. Copies the play of a child playing nearby with little or no interaction between the two. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How about copying what a child playing nearby is doing, even though they're not really playing together?	2 1 0	☐
	B	6. Plays interactively with one or more children for at least 5 minutes with someone older supervising. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How long does he/she play interactively with one or more other children when someone older is supervising?	2 1 0	☐
1	B	7. Chooses to join other children who are playing rather than watching them or playing alone. ? When you let him/her decide, how often does he/she choose to join other children who are playing, versus just watching them or playing by himself/herself?	2 1 0	☐
	C	8. Uses common household objects or other objects for make-believe activities (for example, pretends a block is a car or a box is a house). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How about using things around the house for make-believe, like pretending a big box is a house?	2 1 0	☐
	D	9. Shares toys or possessions when told to do so. ? How often does he/she share when he/she is told to?	2 1 0	☐
	E	10. Joins in with a group when verbal cues indicate that he/she is welcome. ? What does he/she do when asked to join a group activity?	2 1 0	☐
	B	11. Plays interactively with one or more children for at least 30 minutes with someone older supervising. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How long does he/she play interactively with one or more other children when someone older is supervising?	2 1 0	☐
	B	12. Protects self by moving away from those who try to hurt others or destroy things (those who bite, hit, throw things, smash things, etc.). ? What does he/she do when a child nearby is acting aggressive by trying to hurt other children or destroy things?	2 1 0	☐
	C	13. Plays simple make-believe activities with other children (for example, plays "dress-up," pretends to be superheroes). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What kinds of make-believe games does he/she play with other children?	2 1 0	☐
	G	14. Plays with others at simple outdoor group games with no score (for example, tag, jump rope, catch). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about outdoor group games where you don't keep score, like tag, jump rope, or catch?	2 1 0	☐
	B	15. Seeks out others for play or companionship (for example, asks others to play or spend time together). ? How often does he/she take the initiative to ask other children to play?	2 1 0	☐
	B	16. Plays with other children with minimal supervision. ? How about playing interactively with one or more other children without someone older supervising?	2 1 0	☐
	F	17. Takes turns when asked while playing games or sports. ? How often does he/she take turns when he/she is asked to?	2 1 0	☐
	C	18. Engages with other children in elaborate make-believe activities involving more than one role (for example, plays "school" or "restaurant," enacts a TV show or movie). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What kinds of make-believe games does he/she play with other children?	2 1 0	☐
2	D	19. Shares toys or possessions without having to be told to do so. ? How often does he/she share without having to be told to?	2 1 0	☐

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

	E	20. Joins in with a group when nonverbal cues indicate that he/she is welcome. ? What does he/she do when a group lets him/her know without words that they want him/her to join in, like motioning "come join us" or pointing to an empty chair?	2 1 0	☐
	F	21. Takes turns without having to be asked while playing games or sports. ? How often does he/she take turns without having to be asked?	2 1 0	☐
3	G	22. Plays with others at simple indoor or outdoor games where the players keep score (for example, tic-tac-toe, kickball, card games). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about simple indoor or outdoor games where the players keep score?	2 1 0	☐
	F	23. Follows rules in games or sports without being told to do so. ? How often does he/she follow rules in games or sports without being told to?	2 1 0	☐
	G	24. Plays with others at simple card or board games based only on chance (for example, Candyland®, the card game "war"). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What kinds of card or board games does he/she play without anyone helping him/her?	2 1 0	☐
	E	25. Refrains from entering a group when verbal cues indicate that he/she is not welcome. ? What does he/she do when told that he/she is not welcome to join a group activity?	2 1 0	☐
	D	26. Asks permission before using things that belong to or are being used by another. ? How often does he/she ask permission before using something that belongs to someone else or that someone else is using?	2 1 0	☐
	F	27. Shows good sportsmanship in games or sports: Plays fair, is not overly aggressive, congratulates winning players, does not act mean when he/she loses, etc. ? What about showing good sportsmanship, like playing fair, congratulating other players when they win, and not getting mad when he/she loses?	2 1 0	☐
4	H	28. Gets together with two or more peers at someone's home. ? How often does he/she get together with a group at someone's home?	2 1 0	☐
	E	29. Refrains from entering a group when nonverbal cues indicate that he/she is not welcome. ☑ If the respondent has not had the opportunity to observe this, estimate a score and check the Estimated box. ? What does he/she do when a group lets him/her know without words that they *don't* want him/her to join in, like ignoring his/her presence?	2 1 0	☐
	H	30. Goes places with peers during the day or evening with someone supervising (for example, shopping, a movie, a sports event). ☑ Score 2 if the individual did this when younger, but has now outgrown the need to be supervised. ? What places does he/she go with others his/her age with someone supervising, either during the day or at night?	2 1 0	☐
	G	31. Plays with others at two or more board, card, or electronic games requiring skill and decision making (for example, Monopoly™, poker, Scrabble®, interactive video games). ? What board or card or electronic games requiring skill does he/she play without anyone helping him/her?	2 1 0	☐
	I	32. Plans ahead to do things with peers on his/her own. ? What kinds of activities does he/she plan ahead with others his/her age?	2 1 0	☐
	I	33. Obtains schedule information for movies, sports events, concerts, etc. (for example, looks at a newspaper or on the Internet, phones a movie theater). ? What about looking up schedule information for movies, sports events, concerts, and so on?	2 1 0	☐
	H	34. Goes places with peers during the day without someone supervising (for example, a shopping mall, park, community center). ? What places does he/she go during the day with others his/her age without someone supervising?	2 1 0	☐
	I	35. Plans fun activities with more than two things to be arranged (for example, birthday party, group outing). ? What about activities that require a lot of things to be planned, like a birthday party or group outing?	2 1 0	☐
	H	36. Goes places with peers in the evening without someone supervising (for example, a concert, lecture, sports event, movie). ? What places does he/she go at night with others his/her age without someone supervising?	2 1 0	☐

Comments or Observations: _____

Office Use Only	Calculation of % Est *(see Manual)*		Raw Score Calculation		
	No. of Est	A	Highest-Numbered Basal Item	× 2 =	C
	No. of Items Answered	B	Points Between Basal and Ceiling		D
	(A ÷ B) × 100 =	% Est	**pla** Raw Score		C + D

INTERVIEW TOPICS

A Handling Transitions
B Beginning Emotional Control
C Good Manners
D Asking For & Accepting Help
E Adapting Behavior to the Situation
F Respecting Others
G Controlling Anger
H Obeying Time Limits
I Managing Social Risks
J Making Decisions

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

0	B	1. Seeks comfort from parent, caregiver, or other when hurt or upset. ? What does he/she do to try to feel better when he/she gets hurt or upset?	2 1 0	☐
	A	2. Looks or moves toward parent or caregiver when approached by an unfamiliar person. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How often does he/she look or move toward you when someone he/she doesn't know approaches?	2 1 0	☐
	A	3. Separates easily from parent or caregiver when left with another person (that is, does not have a temper tantrum, sulk, etc. when parent or caregiver leaves or attempts to leave). ? How often are you able to leave him/her with another person without him/her getting upset?	2 1 0	☐
	A	4. Transitions easily from one activity to another. ? How often is he/she able to change from one activity to another, like playtime to bath time, without getting upset?	2 1 0	☐
	C	5. Responds politely when given something (that is, expresses thanks either verbally or nonverbally). ? How often does he/she remember to say *thank you* when given something?	2 1 0	☐
1	C	6. Is polite when asking for something (that is, uses *please* or an appropriate nonverbal gesture). ? How often does he/she remember to say *please* when asking for something?	2 1 0	☐
	A	7. Handles changes in routine without becoming overly distressed. ? How does he/she usually react to changes in his/her everyday routine?	2 1 0	☐
	B	8. Recovers quickly from a minor setback or disappointment (for example, doesn't pout for long after losing a game or not getting something that he/she wants). ? How long does it usually take him/her to get over a small disappointment, like losing a game or not getting something that he/she wants?	2 1 0	☐
	B	9. Uses words or gestures to express distress rather than screaming, hitting, throwing something, etc. ? What about using words or gestures when he/she is upset rather than screaming, hitting, throwing something, and so on?	2 1 0	☐
	F	10. Apologizes for small, unintentional mistakes (for example, burping, bumping into someone). ? What does he/she do if he/she makes a small, accidental mistake like burping or bumping into someone?	2 1 0	☐
	C	11. Acts appropriately when introduced to new people (for example, smiles, shakes hands, says "Happy to meet you"). ? What does he/she do when introduced to someone new?	2 1 0	☐
	D	12. Requests help when encountering a problem beyond own capability to solve (for example, a computer problem, fixing something). ? How often does he/she ask for help when he/she can't figure out how to do something?	2 1 0	☐
	E	13. Changes behavior intentionally depending on how well he/she knows another person (for example, acts more formally with someone new than with a friend or family member). ? What about understanding that people are usually expected to act differently with someone they've just met than with a friend or family member?	2 1 0	☐
2	D	14. Accepts helpful suggestions or solutions from others. ? How is he/she about accepting helpful suggestions from others?	2 1 0	☐
	F	15. Apologizes with sincerity after hurting another's feelings. ? What does he/she do if he/she hurts someone's feelings?	2 1 0	☐
	E	16. Copies appropriate behavior of others when in a new situation and unsure how to act. ? What does he/she do when he/she is in a new situation where he/she is not sure how to act?	2 1 0	☐
3	F	17. Is willing to compromise in order to get along with peers. ? How often is he/she willing to compromise in order to get along with others his/her age?	2 1 0	☐
	G	18. Controls anger or hurt feelings when plans change for reasons that can't be helped (for example, an event cancelled due to bad weather, a trip postponed due to car trouble). ? How does he/she usually respond when plans change for reasons that can't be helped, like when something he/she is looking forward to has to be called off because of bad weather?	2 1 0	☐
	H	19. Follows time limits imposed by parent or caregiver (for example, amount of time allowed to watch TV, play a game, use the Internet, or play outside). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? When you tell him/her that he/she is only allowed to do something for a limited amount of time, how often does he/she obey that time limit without having to be reminded; for example, "You can watch TV until this show is over, then you have to turn it off"?	2 1 0	☐

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Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

G	20. Understands that when someone does or says something that hurts, it may be accidental rather than intentional. ? What about understanding that when someone does or says something that hurts, it might have been an accident or mistake, and that the person may not have been trying to hurt him/her?	2 1 0	☐
E	21. Adjusts behavior to keep from disrupting others nearby (for example, is quiet near others who are working, listening to a show, etc.). ? What about realizing when he/she needs to adjust his/her behavior so that he/she doesn't disturb others nearby, like someone who is working or listening to a show?	2 1 0	☐
G	22. Controls anger or hurt feelings when he/she does not get his/her way (for example, when not allowed to watch television or attend a party, when a suggestion is rejected by a friend or supervisor). ? How does he/she usually respond when he/she doesn't get his/her way, like not being allowed to do something that he/she wants to?	2 1 0	☐
F	23. Keeps promises. ? How often does he/she keep his/her promises, like paying back money or returning things that he/she borrows, without having to be reminded?	2 1 0	☐
G	24. Controls anger or hurt feelings when given constructive criticism (for example, correction of misbehavior, discussion of a test score or grade, a performance review). ? How does he/she usually respond when someone criticizes him/her in a way that's intended to be helpful, like suggesting how to do something better next time?	2 1 0	☐
I	25. Understands that a friendly appearing person may actually intend harm. ? What does he/she understand about how a friendly acting person may actually want to take advantage of him/her?	2 1 0	☐
F	26. Respects others' time (for example, doesn't keep others waiting or interrupt others who are busy). ? What about respecting other people's time, like not keeping them waiting or interrupting them when they're busy?	2 1 0	☐
I	27. When possible, avoids or leaves harmful relationships or situations (for example, being bullied, coerced into breaking the law, taken advantage of sexually or financially). ☑ If the respondent has not had the opportunity to observe this, estimate a score and check the Estimated box. ? What about staying away from or leaving a relationship or situation where he/she or someone else might get hurt?	2 1 0	☐
I	28. Avoids being manipulated, dominated, or taken advantage of by others. ? What does he/she do to keep others from controlling or taking advantage of him/her?	2 1 0	☐
J	29. Thinks through the consequences of his/her actions before acting (for example, refrains from acting impulsively, considers relevant information). ? How often does he/she think through the consequences before doing something?	2 1 0	☐
H	30. Obeys curfews (that is, comes home when he/she is told to, during the day or at night). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? When you tell him/her that he/she needs to be home at a certain time, how often is he/she home at that time?	2 1 0	☐
I	31. Is aware of and uses caution when encountering risky social situations (for example, Internet solicitations, a stranger's offer of a ride or money, "binge" drinking parties, social media, personal ads). ☑ If the respondent has not had the opportunity to observe this, estimate a score and check the Estimated box. ? How is he/she at being cautious when people he/she doesn't know well try to get him/her to do something risky, either in person or through the Internet?	2 1 0	☐
H	32. Informs parent or caregiver about his/her plans when he/she goes out (for example, what time he/she is leaving and returning, where he/she is going). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about telling you about his/her plans when he/she goes out, like where he/she is going and when he/she will be home?	2 1 0	☐
J	33. Recognizes that advertising messages may not be accurate. ? What about understanding that the purpose of advertising is to influence our decisions, and that everything in ads isn't always totally true?	2 1 0	☐

Office Use Only	Calculation of % Est *(see Manual)*		Raw Score Calculation		
	No. of Est	A	Highest-Numbered Basal Item	× 2 =	C
	No. of Items Answered	B	Points Between Basal and Ceiling		D
	(A ÷ B) × 100 =	% Est	**cop** Raw Score		C + D

INTERVIEW TOPICS

A Sitting	D Walking	G Running	J Catching a Ball
B Pre-Walking Mobility	E Ball Activities	H Using Stairs	K Riding a Tricycle or Bicycle
C Standing	F Climbing	I Jumping & Hopping	

			Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never*	Check if Est
0	A	1. Sits supported (for example, in a chair, with pillows, etc.) for at least 1 minute. ? How long does he/she sit with his/her back supported, like in a chair with a back or propped up by pillows?	2 1 0	☐
	B	2. Rolls over from back onto stomach. ? How about rolling over from his/her back onto his/her stomach?	2 1 0	☐
	A	3. Sits unsupported for at least 1 minute. ? How long does he/she sit without anything supporting his/her back?	2 1 0	☐
	B	4. Moves, scoots, or crawls across the floor. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How about moving, scooting, or crawling across the floor?	2 1 0	☐
	A	5. Sits unsupported for at least 10 minutes. ? How long does he/she sit without anything supporting his/her back?	2 1 0	☐
	C	6. Stands holding on to a stable object for at least 5 seconds. ☑ Score 2 if the individual did this when younger, but now stands without holding on to anything. ? How long does he/she stand while holding on to something?	2 1 0	☐
	C	7. Pulls self up to standing position. ? What about pulling himself/herself up to standing?	2 1 0	☐
	C	8. Stands supported with one hand and reaches for an object with the other hand without falling. ☑ Score 2 if the individual did this when younger, but now stands without holding on to anything. ? What happens if he/she is standing holding on to something with one hand and reaches for something with his/her other hand?	2 1 0	☐
	D	9. Takes steps while supporting self using furniture or another stable object. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about taking steps while holding on to furniture or something else?	2 1 0	☐
	B	10. Crawls up stairs. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How does he/she go up stairs?	2 1 0	☐
	C	11. Stands unsupported for at least 1 minute. ? How long does he/she stand without holding on to anything?	2 1 0	☐
	D	12. Takes at least two steps without support. ? How many steps does he/she take without holding on to anything?	2 1 0	☐
	C	13. Stands unsupported and reaches for an object without falling. ? What happens if he/she is standing without holding on to anything and reaches for something?	2 1 0	☐
	D	14. Walks to get around; does not need to hold on to anything. ? How often does he/she walk to get around rather than crawling?	2 1 0	☐
	F	15. Safely climbs on and off low objects (for example, child's chair, step stool, low bench). ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How about low objects like a child's chair?	2 1 0	☐
	B	16. Goes down stairs by crawling backwards or scooting on bottom. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How does he/she go down stairs?	2 1 0	☐
	C	17. Squats or bends down to pick up objects without falling. ? What happens when he/she needs to pick up something off the ground?	2 1 0	☐
	E	18. Throws a ball with one hand; accuracy not important. ? How about throwing a ball with one hand?	2 1 0	☐
	F	19. Safely gets on and off an adult-sized chair. ? How about an adult-sized chair?	2 1 0	☐
1	G	20. Runs without falling; may be awkward and uncoordinated. ? How smoothly does he/she run, and how often does he/she fall?	2 1 0	☐
	H	21. Walks up stairs, putting both feet on each step; may use railing. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How does he/she go up stairs?	2 1 0	☐
	E	22. Kicks a ball while standing; accuracy not important. ? How about kicking a ball while standing?	2 1 0	☐

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

D	23. Walks two or more blocks without having to rest or needing physical support. ? What about walking two or more blocks without needing to rest or be helped?	2 1 0	☐
H	24. Walks down stairs, facing forward, putting both feet on each step; may use railing. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How does he/she go down stairs?	2 1 0	☐
I	25. Jumps off the ground with both feet without falling. ? How about jumping off the ground with both feet without falling?	2 1 0	☐
G	26. Runs smoothly without falling. ? How smoothly does he/she run, and how often does he/she fall?	2 1 0	☐
F	27. Safely climbs up and down high objects (for example, jungle gym, ladder, tree). ? What about high objects like a jungle gym, a ladder, or a tree?	2 1 0	☐
D	28. Walks carefully on a sidewalk or road that is slippery or uneven. ? What does he/she do if he/she is walking outside and the sidewalk or road is slippery or uneven?	2 1 0	☐
I	29. Jumps forward at least three times with both feet without falling. ? How many times can he/she jump forward with both feet without falling?	2 1 0	☐
G	30. Runs smoothly, changing speed and direction (for example, when playing tag or sports, or chasing a pet). ? How about changing his/her speed and direction while running, like when playing tag or sports?	2 1 0	☐
J	31. Catches a beach ball-sized ball from a distance of 2 or 3 feet. ? What about a beach ball-sized ball thrown from 2 or 3 feet away?	2 1 0	☐
H	32. Walks up stairs, alternating feet; may use railing. ? How does he/she go up stairs?	2 1 0	☐
2 H	33. Walks down stairs, alternating feet; may use railing. ? How does he/she go down stairs?	2 1 0	☐
H	34. Climbs a flight of eight or more stairs at a normal pace; may use railing. ? How fast does he/she go up a flight of eight or more stairs?	2 1 0	☐
K	35. Pedals a tricycle or other three-wheeled vehicle for at least 6 feet. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How far does he/she pedal a tricycle or other three-wheeled vehicle?	2 1 0	☐
I	36. Hops on one foot at least once without falling; may hold on to something for balance. ? How about hopping on one foot while holding on to something?	2 1 0	☐
K	37. Pedals a tricycle or other three-wheeled vehicle around corners. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? What about pedaling a tricycle or other three-wheeled vehicle around corners?	2 1 0	☐
3+ J	38. Catches a beach ball-sized ball from at least 6 feet away. ? What about a beach ball-sized ball thrown from 6 feet away or more?	2 1 0	☐
I	39. Hops forward on one foot with ease without holding on (for example, during hopscotch). ? How about hopping forward on one foot multiple times without holding on?	2 1 0	☐
J	40. Catches a tennis- or baseball-sized ball from a distance of 2 or 3 feet, using one or both hands extended away from body. ? What about a tennis- or baseball-sized ball thrown from 2 or 3 feet away?	2 1 0	☐
K	41. Rides a balance bike or bicycle with training wheels for at least 10 feet. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How far does he/she ride a balance bike or a bicycle with training wheels?	2 1 0	☐
J	42. Catches a tennis- or baseball-sized ball from a distance of at least 10 feet, moving to catch it if necessary. ? What about a tennis- or baseball-sized ball thrown from 10 feet away or more when he/she needs to move to catch it?	2 1 0	☐
K	43. Rides a regular bicycle without training wheels without falling. ? What about riding a regular bicycle without falling?	2 1 0	☐

Office Use Only

Calculation of % Est *(see Manual)*		Raw Score Calculation	
No. of Est	A	Highest-Numbered Basal Item ____ × 2 =	C
No. of Items Answered	B	Points Between Basal and Ceiling	D
(A ÷ B) × 100 =	% Est	**gmo** Raw Score	C + D

FINE MOTOR — MOTOR SKILLS DOMAIN

INTERVIEW TOPICS

A Beginning to Handle Objects
B Manipulating Things
C Opening Doors
D Beginning Crayon/Pen Use
E Hand Coordination
F Drawing
G Coloring
H Using Scissors
I Tying
J Precise Movements

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

0	A	1. Reaches for a toy or object. ? How often does he/she reach to try to grab a toy or other object?	2 1 0	☐
	A	2. Picks up objects; may use both hands. ? How does he/she pick up things like a toy or a ball?	2 1 0	☐
	A	3. Moves an object from one hand to the other. ? What about moving an object from one hand to the other?	2 1 0	☐
	B	4. Removes an object (for example, a block or small toy) from a box or other container with no lid. ? How about taking something out of a box or other container?	2 1 0	☐
	A	5. Picks up small objects (no larger than 2 inches on any side) with thumb and fingers (for example, raisins, beads, small blocks). ? How does he/she pick up small objects?	2 1 0	☐
	A	6. Picks up a small toy or object with one hand and hands it to someone without dropping it. ? How does he/she pick up something small and hand it to someone?	2 1 0	☐
	B	7. Puts an object (for example, a block or small toy) into a box or other container with no lid. ? How about putting something into a box or other container?	2 1 0	☐
	D	8. Marks on paper with a crayon, pen, or pencil; method of grasping the crayon, pen, or pencil is not important. ? What about making marks on paper with a crayon, pen, or pencil?	2 1 0	☐
	C	9. Opens doors that require only pushing or pulling (for example, cabinet, refrigerator, sliding, or swinging doors). ? What about opening doors that only need to be pushed or pulled, like cabinet doors or sliding doors?	2 1 0	☐
1	B	10. Stacks at least four small blocks or other small objects; alignment need not be perfect, but the stack must remain upright. ☑ Score 2 if the individual did this when younger, but has now outgrown it. ? How many blocks or other small objects does he/she stack before they fall?	2 1 0	☐
	B	11. Turns book or magazine pages one by one; books with cardboard pages don't count. ? How about turning book or magazine pages one at a time?	2 1 0	☐
	E	12. Unwraps small objects (for example, gum or candy). ? How often does he/she unwrap small objects like a piece of candy or gum by himself/herself?	2 1 0	☐
	C	13. Opens doors by turning a doorknob or handle. ? What about opening doors by turning a doorknob or handle?	2 1 0	☐
2	E	14. Uses a twisting hand–wrist motion (for example, winds up a toy or music box, screws/unscrews the lid of a jar). ? What about holding something in one hand and twisting with the other, like winding up a toy or music box, or unscrewing the lid of a jar?	2 1 0	☐
	D	15. Holds a crayon, pen, or pencil in proper position (that is, using a tripod grasp, not with fist) for writing or drawing. ? How does he/she hold a crayon, pen, or pencil?	2 1 0	☐
	E	16. Presses buttons accurately on a small keyboard or touch screen (for example, on a calculator, cell phone, or other handheld device). ? What about pressing buttons on a small keyboard or touchscreen, like on a cell phone or calculator?	2 1 0	☐
	H	17. Opens and closes scissors with one hand; does not have to cut with them. ? What about opening and closing scissors with one hand?	2 1 0	☐
	F	18. Draws a circle freehand while looking at an example. ? What about copying a circle?	2 1 0	☐
	G	19. Colors simple shapes or animals; more coloring is inside the lines than outside. ☑ Score 2 if the individual did this when younger, but has now outgrown coloring. ? What kinds of things does he/she color, and how much coloring is inside the lines?	2 1 0	☐
3	F	20. Draws more than one recognizable form (for example, a person, house, tree). ? What does he/she draw well enough that you can recognize what it is?	2 1 0	☐
	E	21. Pours liquid from one container to another with little or no spilling (for example, pouring milk or juice into a glass). ? What happens when he/she tries to pour liquid, like pouring milk or juice into a glass?	2 1 0	☐
	F	22. Draws a square freehand while looking at an example. ? What about copying a square?	2 1 0	☐
	H	23. Uses scissors to cut along a straight line across a standard sheet of paper. ? How far does he/she cut with scissors on a straight line across a sheet of paper?	2 1 0	☐

FINE MOTOR — MOTOR SKILLS DOMAIN

Response Options: 2 = *Usually*, 1 = *Sometimes*, 0 = *Never* — Check if Est

	F	24. Draws a triangle freehand while looking at an example. ? What about copying a triangle?	2 1 0 ☐
	F	25. Uses an eraser without tearing the paper. ? How about using an eraser without tearing the paper?	2 1 0 ☐
4	H	26. Cuts out simple shapes (circles, squares, rectangles, etc.). ? What kinds of things does he/she cut out?	2 1 0 ☐
	G	27. Colors simple pictures with all coloring inside the lines. ☑ Score 2 if the individual did this when younger, but has now outgrown coloring. ? What kinds of things does he/she color, and how much coloring is inside the lines?	2 1 0 ☐
	G	28. Colors a full-page drawing or scene using two or more colors; all coloring is inside the lines. ☑ Score 2 if the individual did this when younger, but has now outgrown coloring. ? What kinds of things does he/she color, and how much coloring is inside the lines?	2 1 0 ☐
	F	29. Draws a straight line using a ruler or straightedge. ? What about drawing a straight line using a ruler or straightedge?	2 1 0 ☐
5+	I	30. Ties a knot. ? What about tying a knot without help?	2 1 0 ☐
	H	31. Cuts out complex shapes (for example, stars, animals, alphabet letters). ? What kinds of things does he/she cut out?	2 1 0 ☐
	I	32. Ties a secure bow (for example, shoe laces, gift wrapping). ? What about tying a secure bow without help, for example, shoe laces or a gift wrapping bow?	2 1 0 ☐
	J	33. Manipulates very small objects (for example, sets hands on a watch, threads a sewing needle, glues miniature model parts). ? What about working with very small objects, like setting the hands on a watch, threading a sewing needle, or gluing tiny model parts?	2 1 0 ☐
	J	34. Assembles, builds, or creates complex building toy structures, model sets, homemade jewelry, arts and crafts, etc. ? What kinds of complex building toy structures, model sets, homemade jewelry, arts and crafts, and things like that does he/she make?	2 1 0 ☐

Comments or Observations: _____

Office Use Only	Calculation of % Est *(see Manual)*		Raw Score Calculation		
	No. of Est	A	Highest-Numbered Basal Item	× 2 =	C
	No. of Items Answered	B	Points Between Basal and Ceiling		D
	(A ÷ B) × 100 =	% Est	**fmo** Raw Score		C + D

MALADAPTIVE BEHAVIOR DOMAIN

Unlike the adaptive behavior items that you have just completed, the maladaptive behavior items are read directly to the respondent. Read (or paraphrase) each item as it is written, clarify if needed, and ask the respondent to tell you how often the behavior happens:

2 = *Often*, 1 = *Sometimes*, 0 = *Never*

SUGGESTED INTRODUCTION

Say to the respondent, "We're going to finish by talking about problem behaviors that [name] may or may not be exhibiting. This time I'm going to read you a description of each behavior and ask you to tell me if it happens often, happens sometimes, or never happens."

INTERNALIZING — MALADAPTIVE BEHAVIOR DOMAIN

	Response Options: 2 = *Often*, 1 = *Sometimes*, 0 = *Never*				Check if Est
1.	Is overly needy or dependent (for example, insists on help even when he/she does not need it, clings to parent or teacher).	2	1	0	☐
2.	Has eating problems (for example, overeats, refuses to eat, will only eat one or two things, hoards food).	2	1	0	☐
3.	Has sleep problems (for example, walks in his/her sleep, has a lot of nightmares, sleeps way more or less than others his/her age).	2	1	0	☐
4.	Refuses to go to school or work, or has to come home, because of worrying, sadness, nervousness, etc.	2	1	0	☐
5.	Is extremely anxious or nervous.	2	1	0	☐
6.	Cries or is sad for no clear reason.	2	1	0	☐
7.	Avoids interacting with others (withdraws, prefers to be alone, etc.).	2	1	0	☐
8.	Lacks interest in doing things that he/she enjoys or used to enjoy.	2	1	0	☐
9.	Is extremely fearful of one or more common objects or situations (for example, heights, snakes, elevators).	2	1	0	☐
10.	Worries for no clear reason.	2	1	0	☐
11.	Is very irritable or moody.	2	1	0	☐
12.	Feels helpless or hopeless (for example, says that things are bad and will never get better).	2	1	0	☐
13.	Complains of feeling sick, exhausted, or in pain, even though there is no medical reason.	2	1	0	☐

Office Use Only — **Internalizing** Raw Score ☐

EXTERNALIZING — MALADAPTIVE BEHAVIOR DOMAIN

	Response Options: 2 = *Often*, 1 = *Sometimes*, 0 = *Never*				Check if Est
1.	Has temper tantrums: Screams, cries, kicks, etc.	2	1	0	☐
2.	Disobeys those in authority.	2	1	0	☐
3.	Bullies others physically or with words.	2	1	0	☐
4.	Lies, cheats, or steals.	2	1	0	☐
5.	Is physically aggressive (for example, hits, kicks, bites).	2	1	0	☐
6.	Is stubborn or argues.	2	1	0	☐
7.	Is verbally abusive (that is, hurts others on purpose with insults, put-downs, etc.).	2	1	0	☐
8.	Breaks rules or laws because of peer pressure.	2	1	0	☐
9.	Is much more active or restless than others his/her age (for example, moves all the time, cannot sit still, fidgets).	2	1	0	☐
10.	Takes or uses school or work property when not allowed (for example, books, office supplies).	2	1	0	☐
11.	Destroys his/her own or someone else's possessions on purpose.	2	1	0	☐

Office Use Only — **Externalizing** Raw Score ☐

CRITICAL ITEMS — MALADAPTIVE BEHAVIOR DOMAIN

Response Options: 2 = *Often*, 1 = *Sometimes*, 0 = *Never*

		Check if Est
1. Gets fixated on objects or parts of objects (for example, stares at spinning wheels or fan blades, lines up objects, flips light switches over and over).	2 1 0	☐
2. Talks about hearing voices that others do not hear, or seeing things that others do not see.	2 1 0	☐
3. Harms himself/herself (for example, bangs his/her head, hits or bites self, cuts self, tears at skin, pulls out his/her hair).	2 1 0	☐
4. Uses strange or repetitive speech (for example, has conversations with himself/herself in public, says things that make no sense, repeats the same thing over and over).	2 1 0	☐
5. Loses awareness of what is happening around him/her (for example, seems to be "in a fog," "zones out").	2 1 0	☐
6. Repeats physical movements over and over (for example, rocks back and forth, spins, flaps hands).	2 1 0	☐
7. Has toileting accidents (that is, wets or soils self when not in diapers).	2 1 0	☐
8. Eats non-food items such as dirt, paste, or soap.	2 1 0	☐
9. Engages in compulsive behavior (for example, repeated hand washing, repeatedly checking and rechecking something, other compulsive rituals).	2 1 0	☐
10. Shows far more interest in weapons or extreme violence than others his/her age.	2 1 0	☐
11. Harms animals (for example, tortures or kills pets or wild animals).	2 1 0	☐
12. Has beliefs that are not true (for example, believes he/she has a "true" identity or "special" powers, believes that others secretly want to cause harm).	2 1 0	☐
13. Gets so fixated on a particular topic that it annoys others (for example, trains, reptiles, maps, subway systems).	2 1 0	☐
14. Talks about killing himself/herself or has tried to kill self.	2 1 0	☐
15. Has no response to pain (for example, does not cry or seek help when cut, bruised, or badly hurt).	2 1 0	☐
16. Wanders, darts away, or takes off from home, school, or someone watching him/her without regard for safety.	2 1 0	☐
17. Threatens to hurt or kill someone.	2 1 0	☐
18. Is tricked by others into doing something that could seriously harm him or her, or someone else.	2 1 0	☐
19. Gets fixated on a person in a way that is annoying or intrusive to that person.	2 1 0	☐
20. Engages in unwanted sexual behavior (for example, unwanted comments, unwanted physical contact, exposing himself/herself, masturbating in public, having sex at school or work).	2 1 0	☐

GENERAL COMMENTS

Use this space to record any general comments about the interview that you want included in the test record.

Vineland-3

Comprehensive Interview Form
Score Report

‹aminee's Name:

‹aminer's Name:

ıterview Respondent's Name:

Calculation of Examinee's Age	Year	Month	Day
Test Date			
Birth Date			
Test Age			

¡core Summary

Subdomains	Raw Score	v-Scale Score	Age Equivalent (AE)	Growth Scale Value (GSV)	% Est
Receptive (rec)					
Expressive (exp)					
Written (wrn)					
COMMUNICATION (COM) Sum of v-Scale Scores:		1			
Personal (per)					
Domestic (dom)					
Community (cmm)					
DAILY LIVING SKILLS (DLS) Sum of v-Scale Scores:		2			
Interpersonal Relationships (ipr)					
ay and Leisure (pla)					
Coping Skills (cop)					
SOCIALIZATION (SOC) Sum of v-Scale Scores:		3			
Gross Motor (gmo)					
Fine Motor (fmo)					
MOTOR SKILLS (MOT) Sum of v-Scale Scores:		4			

Domains and Adaptive Behavior Composite	Sum of v-Scale Scores	Standard Score	85% 90% 95% Confidence Interval	Percentile Rank
Communication (COM)	1			
Daily Living Skills (DLS)	2			
Socialization (SOC)	3			
ɔum of Domain Standard Scores				
See Table B.3 to convert to ABC				
Adaptive Behavior Composite (ABC)				
Motor Skills (MOT)	4			

PEARSON

PsychCorp

Subdomain v-Scale Score Profile

	COMMUNICATION rec	exp	wrn	DAILY LIVING SKILLS per	dom	cmm	SOCIALIZATION ipr	pla	cop	MOTOR SKILLS gmo	fmo	
24												24
23												23
22												22
21												21
20												20
19												19
18												18
17												17
16												16
15												15
14												14
13												13
12												12
11												11
10												10
9												9
8												8
7												7
6												6
5												5
4												4
3												3
2												2
1												1

Domain and ABC Standard Score Profile

COM	DLS	SOC	ABC	MOT
140				
135				
130				
125				
120				
115				
110				
105				
100				
95				
90				
85				
80				
75				
70				
65				
60				
55				
50				
45				
40				
35				
30				
25				
20				

MALADAPTIVE BEHAVIOR

	Raw Score	*v*-Scale Score	Critical Items (Circle all item scores of 2 or 1)																	
Internalizing			1. 2 1	2. 2 1	3. 2 1	4. 2 1	5. 2 1	6. 2 1	7. 2 1	8. 2 1	9. 2 1	10. 2 1
Externalizing			11. 2 1	12. 2 1	13. 2 1	14. 2 1	15. 2 1	16. 2 1	17. 2 1	18. 2 1	19. 2 1	20. 2 1

STRENGTH/WEAKNESS ANALYSIS

Domains

	Standard Score (SS)	SS Minus Mean SS	.10 or .05 Critical Value	Strength or Weakness	Base Rate
COM				S or W	
+					
DLS				S or W	
+					
SOC				S or W	
+					
MOT				S or W	
=					

Calculation of Mean Domain Standard Score: Sum of SS ÷ No. of domains (3 or 4) = Mean SS (one decimal)

Subdomains

	v-Scale Score (*v*S)	*v*S Minus Mean *v*S	.10 or .05 Critical Value	Strength or Weakness	Base Rate
rec				S or W	
+					
exp				S or W	
+					
wrn				S or W	
+					
per				S or W	
+					
dom				S or W	
+					
cmm				S or W	
+					
ipr				S or W	
+					
pla				S or W	
+					
cop				S or W	
+					
gmo				S or W	
+					
fmo				S or W	
=					

Calculation of Mean Subdomain *v*-Scale Score: Sum of *v*S ÷ No. of subdomains = Mean *v*S (one decimal)

PAIRWISE DIFFERENCE COMPARISONS

Domain Comparisons

	Standard Score	<, >, or =	Standard Score		Standard Score Difference	.10 or .05 Critical Value	Statistically Significant	Base Rate
COM		__		DLS			Y or N	
COM		__		SOC			Y or N	
DLS		__		SOC			Y or N	
COM		__		MOT			Y or N	
DLS		__		MOT			Y or N	
SOC		__		MOT			Y or N	

Subdomain Comparisons

	v-Scale Score	<, >, or =	*v*-Scale Score		*v*-Scale Score Difference	.10 or .05 Critical Value	Statistically Significant	Base Rate
Communication								
rec		__		exp			Y or N	
rec		__		wrn			Y or N	
exp		__		wrn			Y or N	
Daily Living Skills								
per		__		dom			Y or N	
per		__		cmm			Y or N	
dom		__		cmm			Y or N	
Socialization								
ipr		__		pla			Y or N	
ipr		__		cop			Y or N	
pla		__		cop			Y or N	
Motor Skills								
gmo		__		fmo			Y or N	
Across-Domain Comparisons								
		__					Y or N	
		__					Y or N	
		__					Y or N	

Abbreviations

COM	Communication	DLS	Daily Living Skills	SOC	Socialization	MOT	Motor Skills
rec	Receptive	per	Personal	ipr	Interpersonal Relationships	gmo	Gross Motor
exp	Expressive	dom	Domestic	pla	Play and Leisure	fmo	Fine Motor
wrn	Written	cmm	Community	cop	Coping Skills		

1 2 3 4 5 6 7 8 9 10 11 12 A B C D E Product Number 31321

Appendix E: Discussion of Exclusion Criteria

The total number of cases assessed by the SAVE programme during 2005-2010, using the Vineland Adaptive Behavior Scales (1985), was 419. Cases included on the sample, numbered 321 (76.6%) and 98 (23.4%) cases were excluded.

The total number of cases assessed during 2009-2013 using the Vineland Adaptive Behavior Scales II (2005) was 371. Included cases numbered 323 (86.5%) and 50 (13.5%) cases were excluded from the sample used in the analysis.

Exclusion included both incomplete records and assessments, and those factors which would substantially affect the reliability of the data analysed. There were 19 categories of exclusion.

Reasons for exclusion were:

1. There was no VABS protocol on record. Data could not be entered in necessary detail for analysis. (VABS-4)
2. No physical file for the client could be found in the stored records. Data were not available. (VABS-3; VABS II-1)
3. There was no psychological report in the file or electronic copy available. The concluding assessment of the psychologist could not be ascertained. (VABS-3).
4. The legal case was withdrawn because the police had not been able to identify the alleged perpetrator which resulted in the assessment process and the legal process being curtailed.(VABS-2; VABS II-1)
5. The psychological assessment process was incomplete due to the client or the family not wanting to take the matter further with regard to legal proceedings. Non-attendance at the second scheduled appointment was interpreted in this category as was the client consenting to sexual intercourse or refusing to participate. Further care

and follow up was provided but the psycho-legal process was curtailed (VABS-16; VABS II-3)

6. The legal case was finalised before the assessment process was complete. (VABS-1)
7. The VABS was completed by means of self-report, or the client was unaccompanied or the informant was documented as unreliable for the VABS assessment. Some clients came to the assessment unaccompanied. In some cases higher functioning individuals were able to give self-report of their own level of functioning. These instances were documented in the psycho-legal reports and were excluded from the data set due to a possible lack of objectivity and reliability. Where the psychologist had documented concerns regarding the reliability of the informant, i.e., the client was not well known to the informant, these were also excluded. (VABS-16; VABS II-8)
8. Cases were excluded where a head injury accounted for diminished intellectual and/or adaptive ability. Pre-existing crystallised cognitive functioning was a confounding variable in these cases. (VABS-7; VABS II-1)
9. Cases were excluded where another neurological condition accounted for decreased cognitive functioning. These included a previous stroke and history of a brain tumour. (VABS-2)
10. In one instance an epileptic episode occurred at time of assessment. This possibly compromised the reliability of the assessment. It was not clear from the record. (VABS II-1)
11. There was an active comorbid psychiatric diagnosis at time of assessment. (VABS-11; VABS II-7). These cases were referred for further psychiatric treatment. Priority was given to mental health rather than the legal process. These fell into the following categories:

11a. Degree of Post-Traumatic Stress Disorder and trauma response. (VABS-2; VABS II-2)

11b. Dissociation with regards to sexual trauma. (VABS-1)

11c. Distractibility. (VABS-1)

11d. Heavily medicated. (VABS II-1)

11e. Severe psychiatric disability accounted for low adaptive functioning, not intellectual disability. (VABS II-1)

11f. Psychotic symptoms at time of assessment. (VABS-7; VABS II-3)

12. The primary issue with regards to limited adaptive ability was a physical disability and not intellectual disability. (VABS-1)
13. The date of birth was unknown. The client could not be accurately compared with same age group peers in terms of adaptive or cognitive functioning. (VABS-1;VABS II-2)
14. The client was profoundly/verbally disabled, to the extent that they were unable to participate in the cognitive assessment. (VABS-8; VABS II-5)
15. Cognitive functioning was in the low average or average range even if adaptive functioning was in the disabled range. In order to diagnose intellectual disability an assessment of cognitive functioning and adaptive functioning should be in the disabled range. (APA, 2013, p. 33) (VABS-9;VABS II-2)
16. The client was previously assessed by other health services and not by the psychologists within the project. The results were used in the psycho-legal report however the reliability of this assessment could not be determined. (VABS-1:VABS II-2)
17. A number of clients were seen where there were more than one police case due to repeat offences, by different alleged perpetrators. The datum was only entered on the

initial case. An exception to this was if the client has previously been assessed using the VABS I. This was useful comparative data. (VABS-7; VABS II-9)

18. Co-existing physical disability necessitated the use of alternative tools of cognitive assessment. (VABS-1; VABS II-2)
19. The Grover-Counter Scale of Cognitive Development, the Griffiths Scale of Mental Development (Griffiths), the South African Wechsler Adult Individual Scale (SAWAIS), the Senior South African Individual Scale-Revised (SSAIS-R) or the Wechsler Intelligence Scale for Children – Revised (WISC-R) was used to assess cognitive functioning in clinical preference to the Individual Scale for General Scholastic Aptitude (ISGSA) which was the cognitive test that was generally administered and results used in the analysis. (VABS-5; VABS II-6)

Table E.1.

Reasons for exclusion of data using the VABS and VABS II

	Reason	VABS	VABS II
1	No VABS protocol on record	4	0
2	No physical file for the client could be found in the records.	3	1
3	No psychological report in the file or electronic copy available	3	0
4	The legal case was withdrawn, alleged perpetrator not identified	2	1
5	The client or family did not want to take the matter further	16	3
6	The legal case was finalised before completion of the assessment	1	0
7	Self-report, unaccompanied or unreliable informant for VABS assessment	16	8
8	Head injury accounted for diminished intellectual and adaptive ability	7	1
9	Other neurological condition accounted for decreased cognitive functioning	2	0
10	Epileptic episode at time of assessment	0	1
11	Active comorbid psychiatric diagnosis at time of assessment	11	7
11a	Degree of PTSD and trauma	2	2

11b	Dissociation with regards to sexual trauma	1	0
11c	Distractibility	1	0
11d	Heavily medicated	0	1
11e	Severe psychiatric disability accounted for low adaptive functioning not ID	0	1
11f	Psychotic symptoms at time of assessment	7	3
12	Primary physical disability and not ID	1	0
13	Date of birth unknown	1	2
14	Profoundly/verbally disabled, unable to participate in assessment	8	5
15	Low average/average cognitive functioning	9	2
16	Client assessed by other health services	1	2
17	Datum previously entered for another case	7	9
18	Co-existing physical disability necessitated the use of alternative tools	1	2
19	Grover, Griffiths, SAWAIS, SSAIS-R, WISC-R used for IQ assessment	5	6
	TOTAL	98	50
	% of sample	23.4%	13.5%

Appendix F

INTERVIEW GUIDE FOR PSYCHO-LEGAL ASSESSMENT. (Circle correct option)

Identifying Info:

Client name: Psychologist name:

Address:

Tel:

Urban / Rural town / Rural farm

Male / Female D.O.B

Age at assessment:

Date of referral to SAVE: Dates of assessment:

Accompanied by:

Relationship: Mother/ Father / Caregiver / Family member / Other……

Referred by: Social Worker (CMH):

Police Investigating Officer involved: Tel:

Case No: Police station reported:

Home Language:

Has the case been to court?

Name of perpetrator:

Next appearance date?

Prosecutor's name:

Tel:

Personal history:

Personal History (con.)

Cause of ID if known: Birth trauma / Childhood illness / FAS / Epilepsy / Trauma /

Other……

Level of care: adequate / lack of supervision / neglect / phys abuse / history of sexual

abuse / other……

Living arrangements: residential care / living in community.

Access to special needs education: main stream / adaptation class / ELSEN school /

Special care / None / Other ……

Other medical/ psychiatric history: (Inc. Substance history) ……

……

Family SES:

Maternal occupation: ……

Maternal level of education: ……

Paternal occupation: ……

Paternal level of education: ……

Client employment: workshop / protected employment / open labour with support /

open labour / unemployed/ N/A

Family SES: below poverty level / low SES / middle SES / high SES

Grant: disability / care dependency / other …… / none

Assault History:

Date of assault:

Charge: Rape / Sexual / Indecent assault / Rape with Assault / Other……

Date reported to the police:

Name/s of perpetrator:

No of perpetrators:

Relationship to perpetrator: stranger / acquaintance/ friend / family member distant / family member

immediate / staff member / other……

Reported account:

Level of functioning of perpetrator: Intellectually disabled/ psychiatric illness /

not known / not applicable / other ……

Did the perpetrator know of the client's disability? Yes / No

Degree of violence: verbal threat of harm or shame / threat of weapon / weapon used / death threat /

need med. intervention / other……

Emotional changes since incident: ……

……

……

Behavioural changes since incident: ……

……

……

No of incidents: Once / Several / Repeated

……

……

Previous history of rape/ sexual assault: Yes / No

Supporting evidence: DNA / other witnesses / med exam / other……

Referral source: FCS / NPA / NGO / Other……

Family support: No support / ambivalent / full support

Post-assault counselling received: None / State / NGO / CMH / Private /

Other……

Appearance and Behaviour at assessment:

Understanding of sexual matters:

Sexual vocab:

Conception:

Contraception:

STI's & HIV:

Sex education: school / media / home / other……

Previous consensual sexual relationship Yes / No

Sexual interest: Yes /No

Ability to consent:

Knowledge Yes / No (mechanics and vocabulary)

Consequences Yes / No (STI's, pregnancy, HIV/AIDS)

Vitiated consent (coerced) Yes / No

Ability to refuse Yes / No

Overall assessment Yes /No

Competence as a witness:

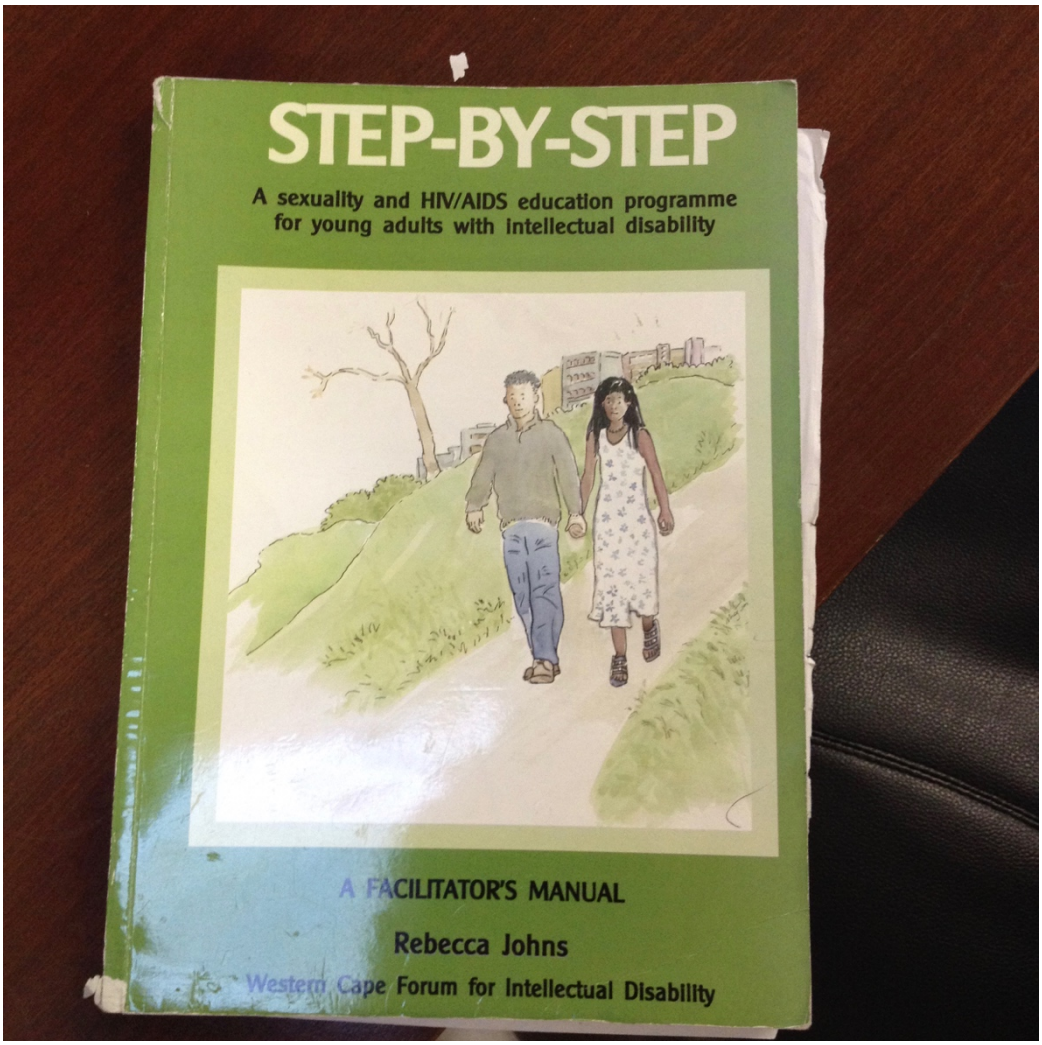
Understanding of court proceedings

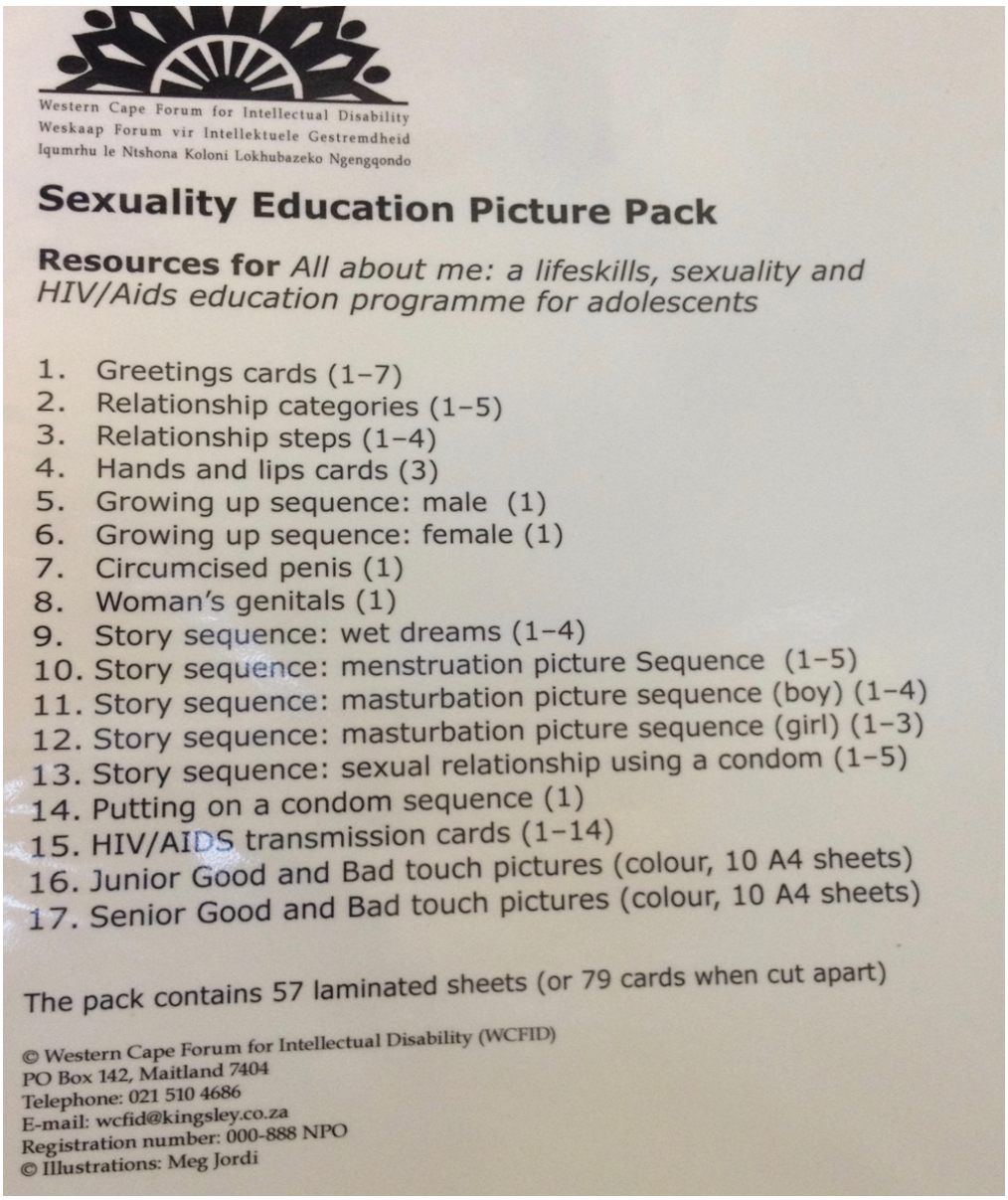
Differentiate truth and falsehood:	Yes – concrete / Yes – abstract / No
Perjury punishable	Yes / further prep / No
Narrative account	Yes / No
Use of dolls only	Yes / No / N.A.
Narrative account with dolls	Yes / No / N.A.
Answer clarifying questions	Yes / No
Ability to promise	Yes / No
Motivation to testify	Yes: motivated / Wanting justice but ambivalent
	No: No understanding of injustice / not a crime /
	consequences of testifying
Use of an intermediary	Yes / No
Overall assessment:	Yes / No

NOTES:

Appendix G: Assessment Tools

The following pictures illustrate the tools used during the assessment of ability to consent and the ability to give a narrative account of the alleged abuse. The first is of the anatomically correct dolls used to assist with the narrative of the alleged abuse, if needed. The dolls are also used to explore the client's knowledge of sexually related body parts. The pictures that follow are: the cover of the manual developed by Johns (2005) and published by the Western Cape Forum for Intellectual Disability, and following, the pictures frequently used to discuss good and bad touch and the abuse with the adult clients. This also facilitates sexuality education for the client. The last picture indicates the resources in the sexuality education picture pack which accompanies the manual (Johns, 2007).





Western Cape Forum for Intellectual Disability
Weskaap Forum vir Intellektuele Gestremdheid
Iqumrhu le Ntshona Koloni Lokhubazeko Ngengqondo

Sexuality Education Picture Pack

Resources for *All about me: a lifeskills, sexuality and HIV/Aids education programme for adolescents*

1. Greetings cards (1–7)
2. Relationship categories (1–5)
3. Relationship steps (1–4)
4. Hands and lips cards (3)
5. Growing up sequence: male (1)
6. Growing up sequence: female (1)
7. Circumcised penis (1)
8. Woman's genitals (1)
9. Story sequence: wet dreams (1–4)
10. Story sequence: menstruation picture Sequence (1–5)
11. Story sequence: masturbation picture sequence (boy) (1–4)
12. Story sequence: masturbation picture sequence (girl) (1–3)
13. Story sequence: sexual relationship using a condom (1–5)
14. Putting on a condom sequence (1)
15. HIV/AIDS transmission cards (1–14)
16. Junior Good and Bad touch pictures (colour, 10 A4 sheets)
17. Senior Good and Bad touch pictures (colour, 10 A4 sheets)

The pack contains 57 laminated sheets (or 79 cards when cut apart)

PO Box 142, Maitland 7404
Telephone: 021 510 4686
E-mail: wcfid@kingsley.co.za
Registration number: 000-888 NPO

Appendix H: Initial Referral Form

Cape Mental Health
all about ability

SAVE REFERRAL – CLIENT INFORMATION

Date of Referral: _____

Name of client:_____

D.O.B: _____ **Age**: _____

Gender: M ☐ F ☐ **Language Preference**: Eng. /Afr. / IsiXhosa

Address: _____

Name of caregiver:_____

Contact tel. Number: _____

Referral agent: CMH, FCS, PROSECUTOR, OTHER AGENCY: _____

Investigating/Police Officer: _____

Tel work:_____ **Cell number:**_____

Fax number: _____ **Email**: _____

Police station: _____**Case Number:** _____

Name(s) of accused:_____

Dates for assessment:_____and_____

Charge laid: **YES**_____**NO**_____

Statement taken: **YES**_____**NO**_____

For Office Use:

Psychologist:_____

Social Worker:_____

File number:_____

PLEASE FAX TO: 021 44 88475 OR EMAIL: teri@cmh.org.za

Appendix I: Screen Shots of Database

Figure I.1. Opening Database Screen with Client Details

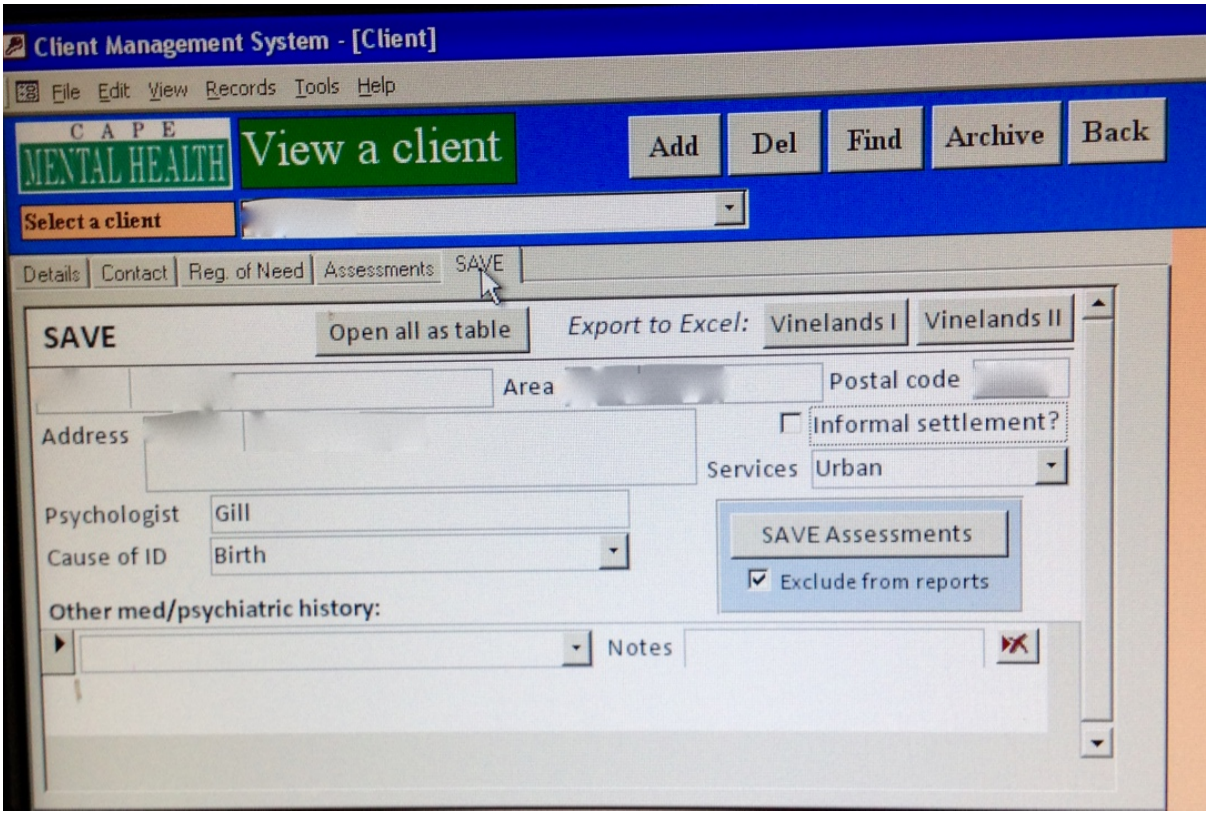


Figure I.1 shows the opening screen with identifying details (Name and address have been hidden to maintain confidentiality) Drop down menus are indicated by arrows to the right of the information box. This screen provides an option to exclude records from the specific SAVE research database but be included in the database of the organisation. It also provides an option to export to the excel spreadsheet from which data were analysed.

Figure I.2. demonstrates the assessment window with details of the assessment recorded. Raw scores, domain scores and standard scores and ranges of disability could be checked for accuracy of entry. An option to include VABS or VABS II score depending on the date of the assessment was also included.

Figure I.2. Assessment Database Screen (VABS I)

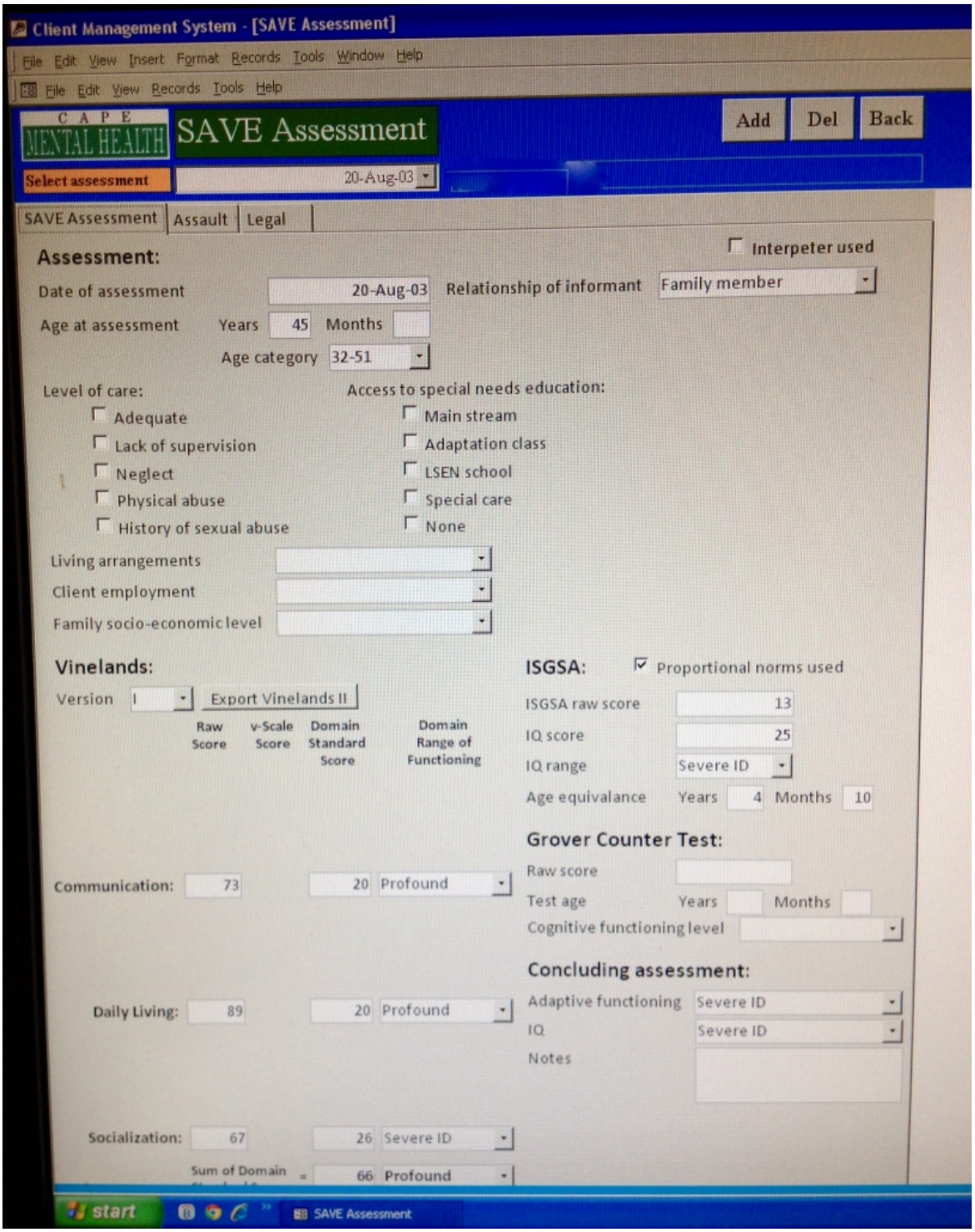


Figure I.3. Detailed Database Assessment Screen (VABS II)

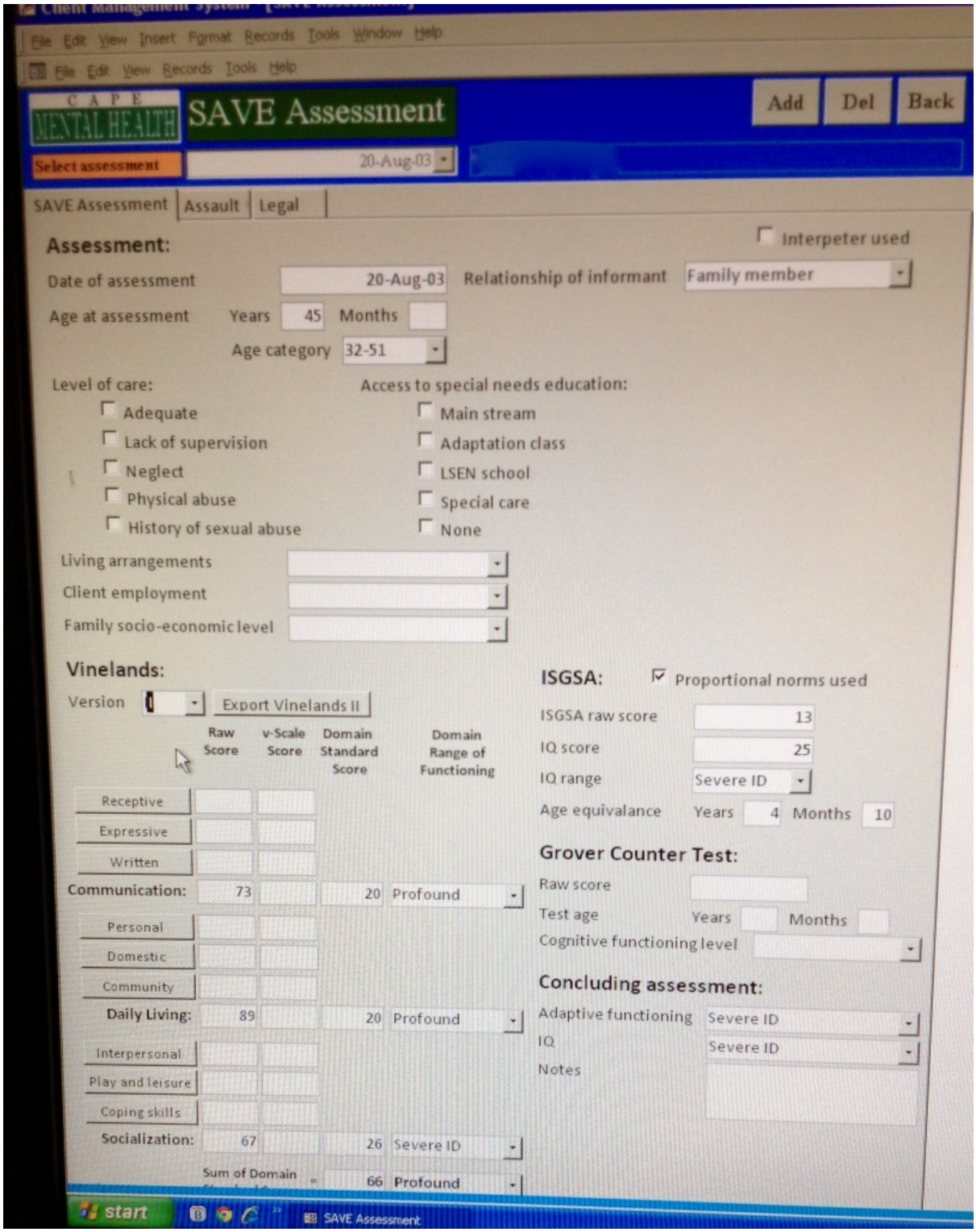


Figure I.3. details the more detailed data collected for the VABS II assessments. Checking of score totals was built into the programme to ensure accuracy.

Figure I.4. Assault History Database Screen

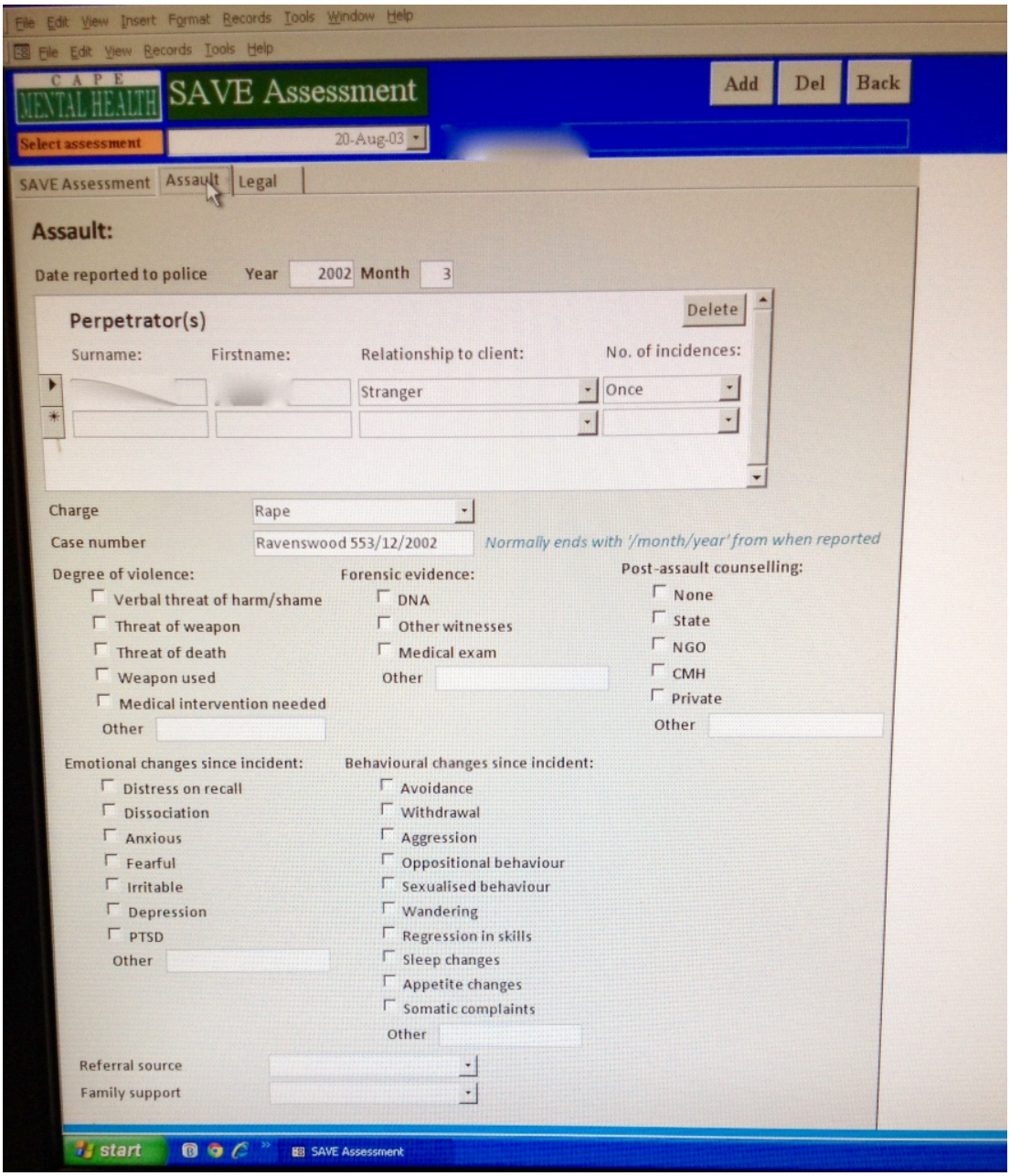


Figure I.4. details the history of the assault.

Figure I.5. Detailed Legal Information Database Screen

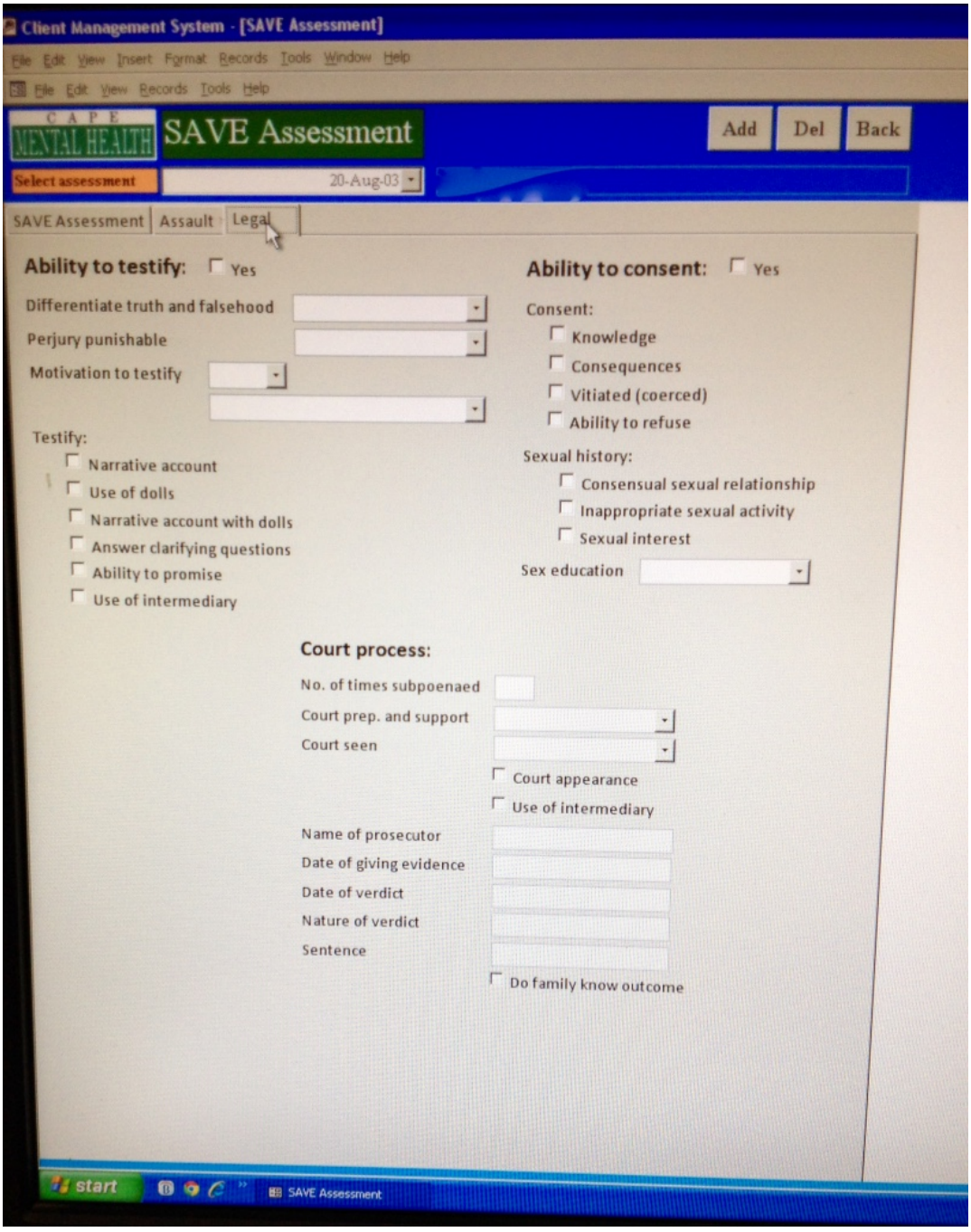


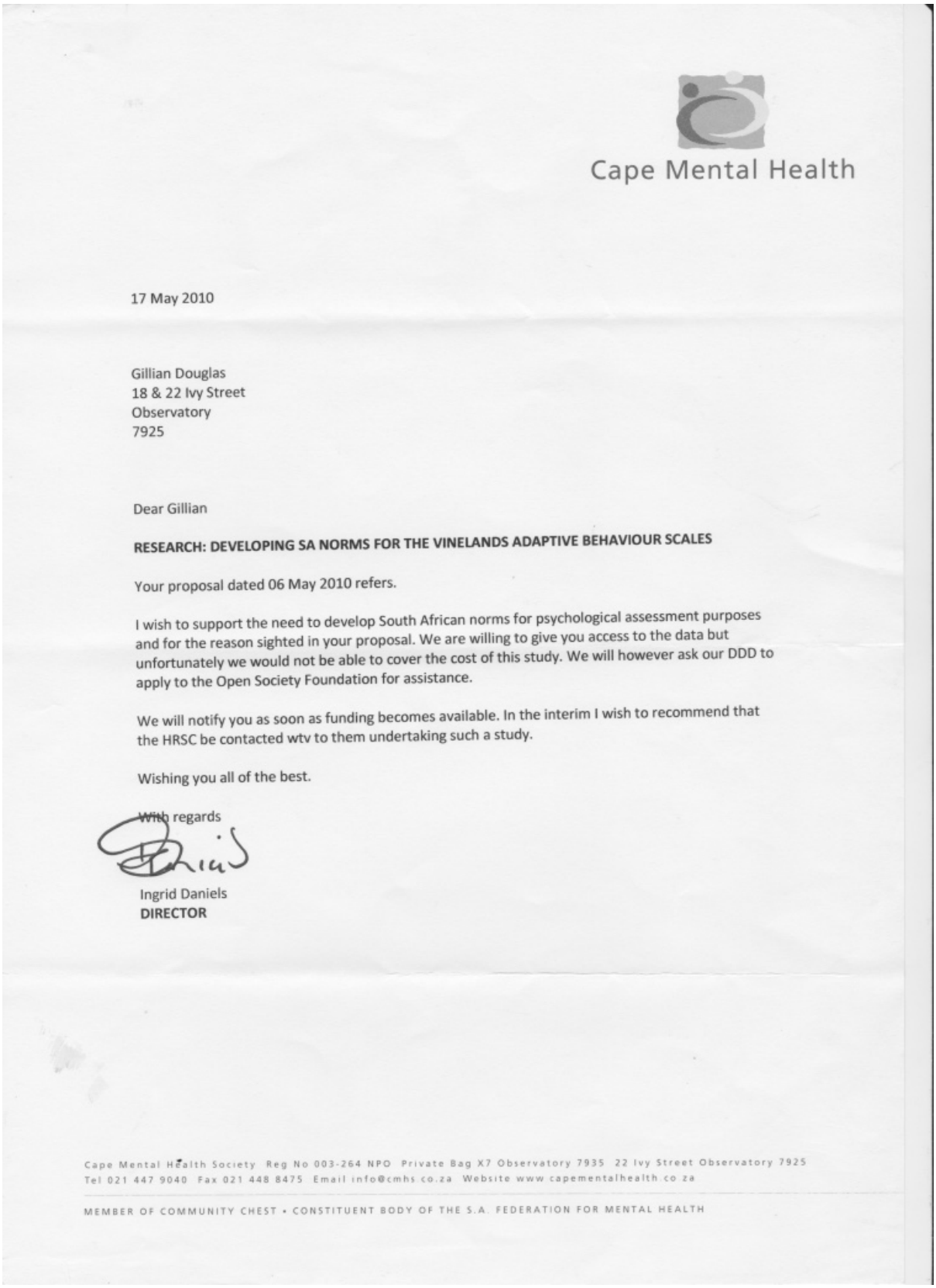
Figure I.5. details the information required by the court regarding the ability to give evidence and consent to sexual intercourse.

Appendix J: Written Instruction to the Psychologists Regarding Identifying Useful and Difficult Items

Instructions to Psychologists:

1. Highlight in green the items on the VABS II interview form, which provide useful information for your report or in giving evidence.
2. Highlight in pink the items which are difficult to administer. Further identify:
    a. L : If due to translation into another language/language issue
    b. N/O: No opportunity but the test doesn't give that option
    c. C: Culturally inappropriate
    d. O: Other (give reason)

Appendix K: Letter of Support and Permission from Cape Mental Health



Cape Mental Health

17 May 2010

Gillian Douglas
18 & 22 Ivy Street
Observatory
7925

Dear Gillian

RESEARCH: DEVELOPING SA NORMS FOR THE VINELANDS ADAPTIVE BEHAVIOUR SCALES

Your proposal dated 06 May 2010 refers.

I wish to support the need to develop South African norms for psychological assessment purposes and for the reason sighted in your proposal. We are willing to give you access to the data but unfortunately we would not be able to cover the cost of this study. We will however ask our DDD to apply to the Open Society Foundation for assistance.

We will notify you as soon as funding becomes available. In the interim I wish to recommend that the HRSC be contacted wtv to them undertaking such a study.

Wishing you all of the best.

With regards

Ingrid Daniels
DIRECTOR

Cape Mental Health Society Reg No 003-264 NPO Private Bag X7 Observatory 7935 22 Ivy Street Observatory 7925
Tel 021 447 9040 Fax 021 448 8475 Email info@cmhs.co.za Website www.capementalhealth.co.za

MEMBER OF COMMUNITY CHEST • CONSTITUENT BODY OF THE S.A. FEDERATION FOR MENTAL HEALTH

Appendix L : Permissions From Pearson Publishers and Dr. Saulnier to Quote Email Correspondence

From: "Licensing, -" <pas.licensing@pearson.com>

Subject: Re: Permissions Request

Date: 08 July 2017 at 9:45:54 PM SAST

To: Gill Douglas <gilldouglas@mweb.co.za>

Dear Ms. Douglas,

All references to the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) will apply equally to the Vineland Adaptive Behavior Scales, Second Edition (Vineland-II) without exception.

You have the permission you requested to eight edition of both.

Regards,

William H. Schryver

Senior Legal Licensing Specialist

Please respond only to pas.licensing@pearson.com

On Sat, Jul 8, 2017 at 1:01 PM, Gill Douglas <gilldouglas@mweb.co.za> wrote:

Dear Mr Schryver

Thanks you for the permission regarding the VABS 3

Please refer to the last portion of the email for the application to also use portions of the VABS II. I would greatly appreciate a response to my request

Many thanks

Gill Douglas

On 01 May 2017, at 9:06 PM, Licensing, - <pas.licensing@pearson.com> wrote:. Ms Douglas,

Your request has been reviewed at several levels with the following results.

Pearson has no objection, and you have permission to include selected pages from the Vineland Adaptive Behavior Scales, Third Edition (Vineland™-3) in your evaluative study in the appendices for reference for your examiners.

The following content is permitted, provided you also include a Vineland-3 copyright at the first mention of the included content. The content is Vineland-3 Manual pages 141, 142, 242, and 243 plus Pages 5-19 of the Vineland-3 Survey Interview form.

Inclusion of the above content is fee-waived, and the permission expires on May 31, 2018.

Regards,

William H. Schryver

Senior Legal Licensing Specialist

Please respond only to pas.licensing@pearson.com

---------- Forwarded message ----------

From: **gilldouglas@mweb.co.za** <gilldouglas@mweb.co.za>

Date: Tue, Apr 11, 2017 at 2:40 AM

Subject: Permissions Request

To: pas.licensing@pearson.com, haiwebadmin@pearson.com

The following is feedback submitted via the Contact Us page on:

www.PearsonClinical.com

==========

==========

Contact Information

==========

Name: Ms. Gillian Kathleen Douglas

Email Address: gilldouglas@mweb.co.za

Telephone: 021 6711222

Fax:

Customer ID:

Position / Title: Senior Clinical Psychologist

Company Name: Stellenbosch University

Address: 8 Rose Street

Newlands

City, State, Zip: Cape Town, Western Cape, 7700

Country/Region: South Africa

==========

==========

Legal Department/Permission Requests

==========

==========

Title of Publication: Vineland Adaptive Behavior Scales

Edition: 2nd

Author (if available):

Copyright Date: 2005

Brief Description of your request: I have done an evaluative study of the use of

the **VABS II** in a South African context. In order to explicate the detail of my item analysis it would be helpful to put selected pages of the manual and sections of the Survey interview form in the appendices for reference for my examiners.

Specific list of materials to reproduce: Pgs 141,142, 242, 243 Manual Pgs 5-19 Survey interview form

Number of subjects/administrations or copies needed per year: 1

Name of party responsible for tracking reproductions and payment of fees:

Inclusive Dates:

Adaptation and/or format changes required?

Is this request for permission to translate? No

Is this request for permission to use materials in a book? No

From: **Saulnier, Celine A.** celine.saulnier@emory.edu
Subject: Re: Use of the VABS in a South African Context
Date: 29 March 2017 at 2:19 PM
To: Gill Douglas gilldouglas@mweb.co.za

Hi Gill
Though I'm flattered that you would want to quote me in your dissertation, I think citing the Vineland manuals will be better! As for including the forms, that would require Pearson's approval for copyright purposes. So I would suggest contacting them. Back in the day, I wanted to do the same with the Sensory Profile and they said no ☹
Good luck!

Celine A. Saulnier, Ph.D.
Director of Research Operations
Marcus Autism Center, Children's Healthcare of Atlanta
Associate Professor, Department of Pediatrics
Emory University School of Medicine

1920 Briarcliff Road, NE
Atlanta, GA 30329
404-785-9380
www.marcus.org

From: Gill Douglas <gilldouglas@mweb.co.za>
Date: Wednesday, March 29, 2017 at 4:37 AM
To: "Saulnier, Celine A." <celine.saulnier@emory.edu>
Subject: Re: Use of the VABS in a South African Context

Dear Celine

Thank you for your comments and engagement with the issues I posed.

I am in the process of writing up my research findings. May I use our email conversation in the discussion section of my write up?

I would also like to put copies of the VABS II survey interview form and the VABS 3 comprehensive interview form into an appendix for ease of reference for the examiners. Do I have your permission to do this. Are there electronic versions which I could insert? I only have access to hard copy versions of each form.
Many thanks
Gill Douglas
PhD student
University of Stellenbosch

> On 03 Feb 2017, at 10:32 PM, Saulnier, Celine A. <celine.saulnier@emory.edu> wrote:
>
> Hi Gill
> I empathize with you in trying to advocate for this case. I can't provide any clearer an explanation than Pearson did in that the range for the older age group goes all the way up to 49 years, so it's averaging much older individuals

Appendix M: Stellenbosch Health Research Ethics Committee Approval Notice

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
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Approval Notice
New Application

08-Feb-2017
Douglas, Gillian GK

Ethics Reference #: S17/01/003

Title: **Exploring the use of the Vineland Adaptive Behavior Scales in assessment of intellectually disabled complainants in sexual abuse cases in the Western Cape**

Dear Ms Gillian Douglas,

The **New Application** received on **05-Dec-2016**, was reviewed by members of **Health Research Ethics Committee 2** via Expedited review procedures on **08-Feb-2017** and was approved.
Please note the following information about your approved research protocol:

Protocol Approval Period: **08-Feb-2017** -**07-Feb-2018**

Please remember to use your **protocol number** (**S17/01/003**) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:
Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.
Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel:

Appendix N: Urban and Rural Police Referrals in the Western Cape

Figure N.1. Rural Referral Patterns of the Western Cape (by area).

Rural Areas	Rural farm	Rural town	Total
ASHTON	1	1	2
I		1	1
II	1		1
ATLANTIS		16	16
I		8	8
II		8	8
BOT RIVER	2		2
I	1		1
II	1		1
BOTRIVIER		1	1
II		1	1
BREDASDORP		4	4
I		1	1
II		3	3
CALEDON	1	1	2
I	1	1	2
CERES	1		1
I	1		1
CITRUSDAL	2		2
I	1		1
II	1		1
CLANWILLIAM	1	2	3
II	1	2	3
CLOETESVILLE		1	1
II		1	1
DARLING		2	2
I		2	2
DASSENBERG	1		1
II	1		1
DE DOORNS	3	3	6
I	1		1
II	2	3	5
DELFT		1	1
I		1	1
DURBANVILLE	2		2
I	2		2
EENDEKUIL	3		3
I	1		1
II	2		2
ELIM	1	2	3
II	1	2	3
FIRGROVE	1		1
I	1		1
FRANSCHHOEK	3	5	8
I	2	2	4
II	1	3	4
GANSBAAI		1	1
II		1	1
GENADENDAL		3	3
II		3	3
GEORGE		1	1
II		1	1
GOUDA	1		1
II	1		1
GRAAFWATER	1		1
II	1		1
GRABOUW	1	7	8
I		3	3
II	1	4	5
GREYTON		1	1
II		1	1
GROOT-DRAKENSTEIN		3	3
I		2	2
II		1	1
HAWSTON		2	2
I		1	1
II		1	1
HERMANUS		1	1
II		1	1
HERMON	1		1
I	1		1
KLAPMUTS	1	2	3
I	1		1
II		2	2
KLAWER	1		1
I	1		1
KOUE BOKKEVELD	1		1
II	1		1
LAINGSBURG		1	1
II		1	1
LAMBERTSBAAI		1	1
II		1	1
LUTZVILLE		1	1
II		1	1
MACASSAR		1	1
I		1	1
MALMESBURY	3	6	9
I	1	2	3
II	2	4	6
MASIPHUMELELE		1	1
II		1	1
MCGREGOR		1	1
I		1	1
MONTAGU	1		1
II	1		1
MOORREESBURG		2	2
I		2	2
OUDTSHOORN		2	2
I		2	2
PAARL	5	8	13
I	2	3	5
II	3	5	8
PAARL EAST		3	3
I		1	1
II		2	2
PAACALTSDORP		1	1
I		1	1
PHILIPPI	2	1	3
I	2		2
II		1	1
PIKETBERG		2	2
I		2	2
PORTERVILLE	1	1	2
I		1	1
II	1		1
PRINCE ALFRED HAMLET	4		4
I	2		2
II	2		2
RAWSONVILLE	5		5
I	3		3
II	2		2
RIEBEEK KASTEEL		1	1
I		1	1
RIEBEEK WEST		1	1
I		1	1
RIVIERSONDEREND		1	1
I		1	1
ROBERTSON		2	2
II		2	2
SARON		2	2
I		1	1
II		1	1
SIR LOWRY'S PASS		1	1
II		1	1
ST HELENA BAY		2	2
I		1	1
II		1	1
STELLENBOSCH	4	10	14
I	2	3	5
II	2	7	9
SWELLENDAM		2	2
II		2	2
TOUWS RIVER		6	6
I		1	1
II		5	5
TOUWSRIVIER		1	1
II		1	1
TULBAGH	1	1	2
I	1		1
II		1	1
VILLIERSDORP		3	3
I		2	2
II		1	1
VREDENBERG	1	2	3
I	1	1	2
II		1	1
VREDENBURG		1	1
I		1	1
VREDENDAL		3	3
II		3	3
WELLINGTON	4	8	12
I	3	3	6
II	1	5	6
WOLSELEY		1	1
I		1	1
WORCESTER	10	14	24
I	4	4	8
II	6	10	16
Total	70	154	224

Figure N.2. Urban Referral Patterns of the Cape Town Metropole (by police station).

Urban Areas	Urban VABS I	VABS II	Urban Total	Total
ATHLONE	4	1	**5**	5
BELGRAVIA	1		**1**	1
BELHAR	1	2	**3**	3
BELLVILLE		**1**	**1**	**1**
BELLVILLE SOUTH	1	1	**2**	2
BELLVILLE-SUID		**1**	**1**	**1**
BISHOP LAVIS	1	5	**6**	6
BLACKHEATH		**2**	**2**	**2**
BLUE DOWNS	1		**1**	1
BONTHEUWEL	4	5	**9**	9
BROOKLYN	2	1	**3**	3
BROWNS FARM	1	2	**3**	3
CAPE TOWN	2		**2**	2
CROSSROADS	1		**1**	1
DELFT	10	9	**19**	19
DELFT SOUTH	1	1	**2**	2
DIEP RIVER		**1**	**1**	**1**
DUNOON	1	5	**6**	6
DURBANVILLE	3	1	**4**	4
EASTRIDGE		**1**	**1**	**1**
EERSTE RIVER	5	1	**6**	6
ELSIES RIVER	7	3	**10**	10
FACTRETON	1	3	**4**	4
FISH HOEK	1		**1**	1
GOEDVERWAG		**1**	**1**	**1**
GOODWOOD	4		**4**	4
GRASSY PARK	4		**4**	4
GUGULETHU	**17**	**5**	**22**	**22**
HANOVER PARK	7	2	**9**	9
HEATHFIELD		**1**	**1**	**1**
HEIDEVELD	3	2	**5**	5
HEYNS PARK		**1**	**1**	**1**
HOUT BAY	1		**1**	1
KALK BAY		**1**	**1**	**1**
KALKSTEENFONTEIN	1	1	**2**	2
KEWTOWN		**1**	**1**	**1**
KHAYELITSHA	38	29	**67**	67
KLEINVLEI	1		**1**	1
KRAAIFONTEIN	1	3	**4**	4
KTC	1		**1**	1
KUILS RIVER	4	2	**6**	6
LANGA	6		**6**	6
LAVENDER HILL	2		**2**	2
LOTUS RIVER	3	3	**6**	6
LOWER CROSSROADS		**2**	**2**	**2**
MACASSAR	1	2	**3**	3
MAITLAND	2		**2**	2
MANDALAY		**1**	**1**	**1**
MANENBERG	6	4	**10**	10
MASIPHUMELELE		**1**	**1**	**1**
MFULENI	4	9	**13**	13
MILNERTON	1	2	**3**	3
MITCHELLS PLAIN	18	20	**38**	38
MOUNT VIEW	1		**1**	1
NEW CROSS ROADS	3	1	**4**	4
NORTH PINE		**1**	**1**	**1**
NYANGA	8	4	**12**	12
OCEAN VIEW	1	3	**4**	4
OLD CROSS ROADS		**2**	**2**	**2**
OTTERY	1	1	**2**	2
PARKWOOD	1	2	**3**	3
PARKWOOD EST	1	1	**2**	2
PAROW	2		**2**	2
PHILIPPI	11	3	**14**	14
PHILIPPI EAST	1		**1**	1
PHILLIPI FASE 4		**2**	**2**	**2**
PLUMSTEAD	1	1	**2**	2
RAVENSMEAD	5	5	**10**	10
RETREAT	1	1	**2**	2
RICHWOOD	1		**1**	1
RUGBY		**1**	**1**	**1**
RUYTERWACHT		**1**	**1**	**1**
SAMORA MACHEL	2	1	**3**	3
STEENBERG	4		**4**	4
STRAND	3	7	**10**	10
STRANDFONTEIN		**1**	**1**	**1**
TABLE VIEW	1	1	**2**	2
UITSIG	2	2	**4**	4
VALHALLA PARK	1	2	**3**	3
WALLACEDENE		**2**	**2**	**2**
WESBANK	1	3	**4**	4
WESTLAKE	1		**1**	1
WOODSTOCK		**1**	**1**	**1**
WYNBERG	1	1	**2**	2
YSTERPLAAT	1		**1**	1
ZWELETEMBA		**1**	**1**	**1**
Total	**228**	**190**	**418**	**418**

There were 45 rural police stations reporting and referring for the VABS sample and 48 for the VABS II sample. There were 28 police stations which referred clients to both samples and an overall total of 65 different police stations referred clients to SAVE during the data collection period. In the urban sample 85 different police stations referred clients to the programme. Of note was the large number of referrals from the following police stations:

- Khayelitsha – 67 referrals
- Delft – 19 referrals
- Elsies River –10 referrals
- Gugulethu – 22 referrals
- Manenberg – 10 referrals
- Mitchell's Plain – 38 referrals
- Nyanga – 12 referrals
- Phillipi – 14 referrals
- Ravensmead – 10 referrals
- Strand – 10 referrals

This could be a reflection of perceptive interviewing and relevant referrals, greater incidence in these areas, particularly good networking relationships with the police or other reasons. It warrants further investigation. Referrals to the SAVE programme come from a wide range of police stations both in urban and rural areas of the Western Cape.

Appendix O: Affidavit Proforma Regarding Use of Psycho-Legal Report

AFFIDAVIT IN TERMS OF SECTION 212 (4) OF ACT 51 OF 1977 (As amended)

I, Gillian Kathleen Douglas, hereby make oath and state:

I am a registered Clinical Psychologist practicing in the Regional Division of Cape Town and in the service of Cape Mental Health in the capacity of a Clinical Psychologist.

On the ……..at Cape Mental Health, 22 Ivy Street

Observatory, Cape Town I interviewed and assessed ……..

I recorded my findings and observations in the attached report. The facts in the report were established by an assessment requiring skills in Human Behavioural Science.

I know and understand the contents of this statement.

I have no objection in taking the prescribed oath

I consider the oath to be binding on my conscience.

Signature: ……

Gillian Kathleen Douglas

CLINICAL PSYCHOLOGIST

MA (Clin Psych) UCT.

Date: …….

I certify that the above statement was taken by me and that the deponent has acknowledged that she knows and understands the contents of this statement. This statement was sworn/ affirmed before me and the deponent's signature was placed thereon in my presence

at……..on……

at……..

Signature COMMISSIONER OF OATHS:……..

……..

FULL NAME AND SURNAME (In Print)

Appendix P: Details of the ROC Analyses

P.1. Full sample: VABS II Scores onto Psychologists' evaluation of IQ.

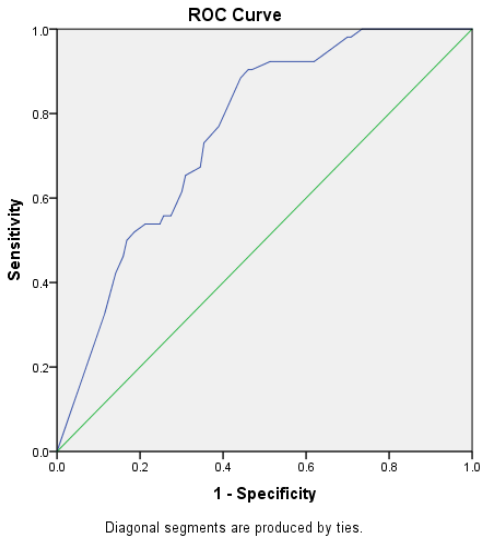

Figure P.1. Graphical Representation of ROC Curve of VABS II Scores onto the IQ Evaluation of Full Sample.

Table P.1.

Summary Information of ROC Curve of VABS II Scores onto the IQ Evaluation of Full Sample.

Case Processing Summary	
ROC Mod Vs *Severe	Valid N (listwise)
Positive[b] (Severe)	52
Negative (Moderate)	113
Missing	156
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
b. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.758	.037	.000	.684	.831
The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve		
Test Result Variable(s): VABS II Overall Standard Score		
Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
20.50	.327	.115
21.50	.423	.142
22.50	.462	.159
23.50	.500	.168
24.50	.519	.186
25.50	.538	.212
27.00	.538	.239
28.50	.538	.248
29.50	.558	.257
30.50	.558	.274

31.50	.577	.283
33.00	.615	.301
34.50	.654	.310
35.50	.673	.345
38.00	.731	.354
40.50	.750	.372
42.50	.769	.389
44.50	.788	.398
45.50	.808	.407
46.50	.885	.442
47.50	.904	.460
48.50	.904	.469
49.50	.923	.513
50.50	.923	.540
51.50	.923	.558
52.50	.923	.619
53.50	.942	.646
54.50	.981	.699
55.50	.981	.708
56.50	1.000	.735
57.50	1.000	.788
58.50	1.000	.885
59.50	1.000	.912
60.50	1.000	.920
61.50	1.000	.982
64.00	1.000	.991
67.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.
a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.2. Participants 22 years and older: VABS II scores onto Psychologists' evaluation of IQ.

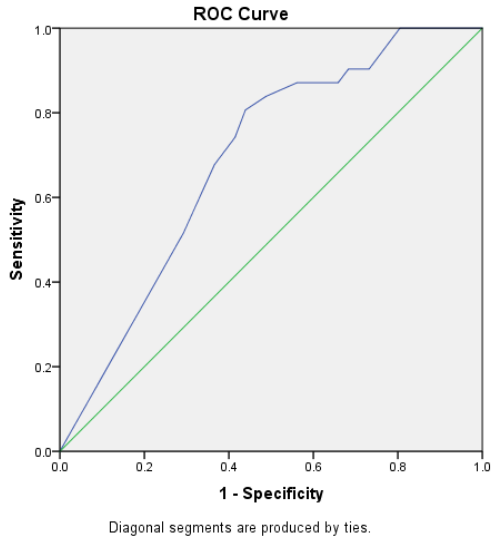

Figure P.2. Graphical Representation of ROC Curve of VABS II Scores onto the IQ Evaluation of Participants 22 Years and Older.

Table P.2.

Summary Information of ROC Curve of VABS II Scores onto the IQ Evaluation of Participants 22 Years and Older.

Case Processing Summary	
ROC Mod Vs *Severe	Valid N (listwise)
Positive[a]	31
Negative	41
Missing	24
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
a. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.691	.062	.006	.569	.812
The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve

Test Result Variable(s): VABS II Overall Standard Score		
Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
20.50	.516	.293
21.50	.677	.366
22.50	.742	.415
23.50	.806	.439
24.50	.839	.488
25.50	.871	.561
27.00	.871	.634
28.50	.871	.659
29.50	.903	.683
30.50	.903	.732
31.50	.935	.756
33.00	1.000	.805
34.50	1.000	.829
35.50	1.000	.927
38.00	1.000	.951
46.50	1.000	.976
54.00	1.000	1.000
The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.		

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.3. Participants younger than 22 years: VABS II scores onto Psychologists' evaluation of IQ.

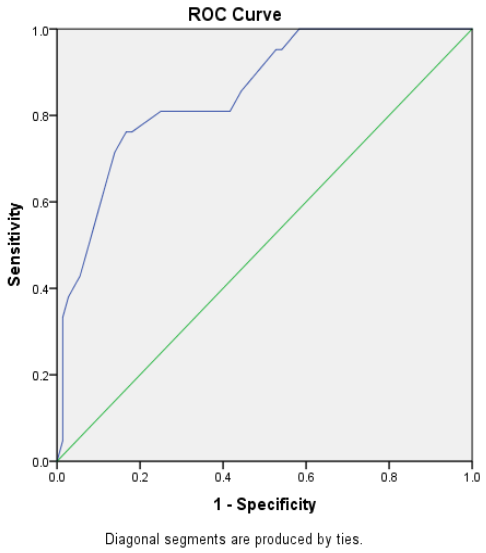

Figure P.3. Graphical Representation of ROC Curve of VABS II Scores onto the IQ Evaluation of Participants Younger than 22 Years.

Table P.3.

Summary Information of ROC Curve of VABS II Scores onto the IQ Evaluation of Participants Younger than 22 Years.

Case Processing Summary	
ROC Mod Vs *Severe[a]	Valid N (listwise)

Positive[b] (Severe)	21
Negative (Moderate)	72
Missing	132
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
b. The positive actual state is 1.00.	

Area Under the Curve

Test Result Variable(s): VABS II Overall Standard Score

Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.854	.045	.000	.765	.943

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.

a. Under the nonparametric assumption

b. Null hypothesis: true area = 0.5

Coordinates of the Curve

Test Result Variable(s): VABS II Overall Standard Score

Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
27.00	.048	.014
34.50	.143	.014
35.50	.190	.014
38.00	.333	.014
40.50	.381	.028
42.50	.429	.056
44.50	.476	.069

45.50	.524	.083
46.50	.714	.139
47.50	.762	.167
48.50	.762	.181
49.50	.810	.250
50.50	.810	.292
51.50	.810	.319
52.50	.810	.417
53.50	.857	.444
54.50	.952	.528
55.50	.952	.542
56.50	1.000	.583
57.50	1.000	.667
58.50	1.000	.819
59.50	1.000	.861
60.50	1.000	.875
61.50	1.000	.972
64.00	1.000	.986
67.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.4. Full sample: VABS II scores onto Psychologists' evaluation of Adaptive Functioning (AF).

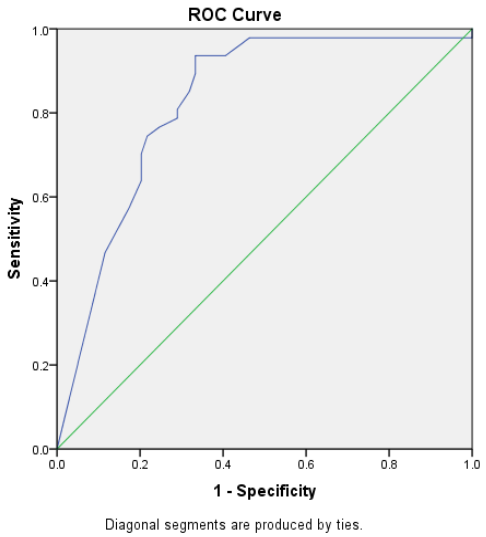

Figure P.4. Graphical Representation of ROC Curve VABS II Scores onto Psychologists' Evaluation of AF of Full Sample.

Table P.4.

Summary Information of ROC Curve of VABS II Scores onto the Psychologists' Evaluation of AF of Full Sample.

Case Processing Summary	
Adaptive Functioning ModVsSev	Valid N (listwise)
Positive[b] (Severe)	47
Negative (Moderate)	69
Missing	205
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
a. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.826	.039	.000	.749	.903
The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve		
Test Result Variable(s): VABS II Overall Standard Score		
Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
20.50	.468	.116
21.50	.574	.174
22.50	.638	.203
23.50	.702	.203
24.50	.745	.217
25.50	.766	.246
27.00	.787	.290
28.50	.809	.290
30.00	.830	.304
31.50	.851	.319

33.00	.894	.333
34.50	.936	.333
35.50	.936	.406
38.00	.957	.435
40.50	.979	.464
42.50	.979	.507
44.50	.979	.536
45.50	.979	.565
46.50	.979	.681
47.50	.979	.725
48.50	.979	.783
49.50	.979	.884
50.50	.979	.913
51.50	.979	.928
54.00	.979	.971
56.50	.979	.986
59.00	.979	1.000
62.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.5. Participants younger than 22 years: VABS II scores onto Psychologists' evaluation of AF.

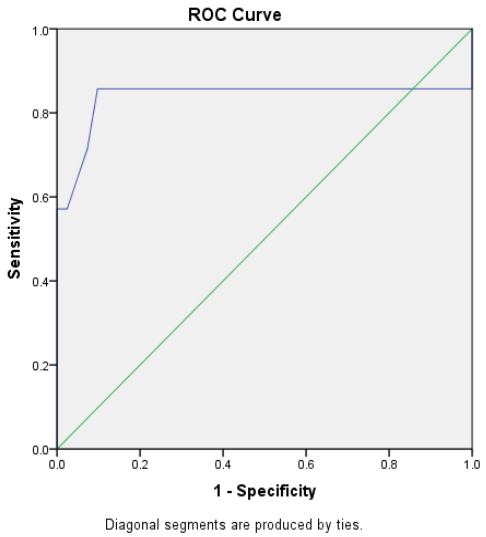

Figure P.5. Graphical Representation of ROC Curve of VABS II Scores onto the Psychologists' Evaluation of AF of Participants Younger than 22 Years.

Table P.5.

Summary Information of ROC Curve of VABS II Scores onto the Psychologists' Evaluation of AF of Participants Younger than 22 Years.

Case Processing Summary	
Adaptive Functioning ModVsSev	Valid N (listwise)
Positive[b] (Severe)	7
Negative (Moderate)	41
Missing	177
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
a. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.838	.130	.005	.582	1.000
The test result variable(s): VABS2 Overall Standardised Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve		
Test Result Variable(s): VAB II Overall Standard Score		
Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
27.00	.286	.000
34.50	.571	.000
35.50	.571	.024
38.00	.714	.073
40.50	.857	.098
42.50	.857	.171
44.50	.857	.220
45.50	.857	.268
46.50	.857	.463
47.50	.857	.537

48.50	.857	.634
49.50	.857	.805
50.50	.857	.854
51.50	.857	.878
54.00	.857	.951
56.50	.857	.976
59.00	.857	1.000
62.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.6. Full sample: VABS II scores onto ISGSA scores of IQ.

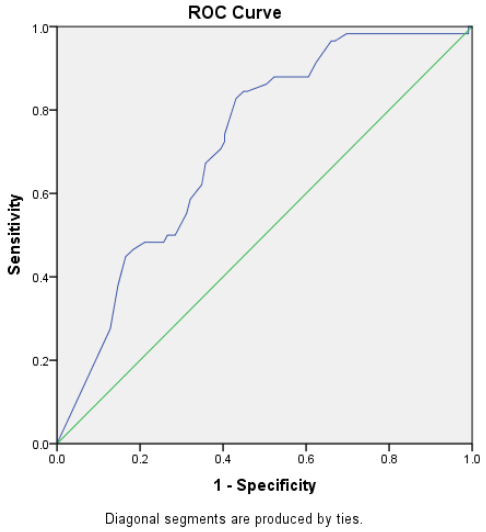

Figure P.6. Graphical Representation of the ROC Curve of VABS II Scores onto ISGSA Scores of IQ of the Full Sample.

Table P.6.

Summary Information of ROC Curve of VABS II Scores onto ISGSA Scores of IQ of the Full Sample.

Case Processing Summary	
ISGSA IQ Moderate VS Severe[a]	Valid N (listwise)
Positive[b] (Severe)	58
Negative (Moderate)	109
Missing	154
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
b. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.719	.040	.000	.642	.797
The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve		
Test Result Variable(s): VABS II Overall Standard Score		
Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
20.50	.276	.128
21.50	.379	.147
22.50	.414	.156
23.50	.448	.165
24.50	.466	.183
25.50	.483	.211
27.00	.483	.248
28.50	.483	.257
29.50	.500	.266
30.50	.500	.284

31.50	.517	.294
33.00	.552	.312
34.50	.586	.321
35.50	.621	.349
38.00	.672	.358
40.50	.690	.376
42.50	.707	.394
44.50	.724	.404
45.50	.741	.404
46.50	.828	.431
47.50	.845	.450
48.50	.845	.459
49.50	.862	.505
50.50	.879	.523
51.50	.879	.541
52.50	.879	.606
53.50	.914	.624
54.50	.966	.661
55.50	.966	.670
56.50	.983	.697
57.50	.983	.761
58.50	.983	.872
59.50	.983	.908
60.50	.983	.917
61.50	.983	.982
62.50	.983	.991
64.50	1.000	.991
67.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.
a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.7. Participants 22 years and older: VABS II scores onto ISGSA score of IQ.

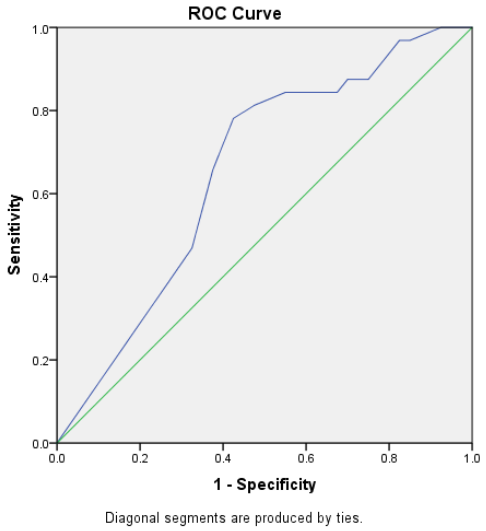

Figure P.7. Graphical Representation of the ROC Curve of VABS II Scores onto ISGSA Scores of IQ of the Participants 22 Years and Older.

Table P.7.

Summary Information of the ROC Curve of VABS II Scores onto ISGSA Scores of IQ of the Participants 22 Years and Older.

Case Processing Summary	
ISGSA IQ Moderate VS Severe[a]	Valid N (listwise)
Positive[b] (Severe)	32
Negative (Moderate)	40
Missing	24
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
b. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.655	.065	.024	.528	.782
The test result variable(s): VABS2 Overall Standardised Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve
Test Result Variable(s): VABS II Overall Standard Score

Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
20.50	.469	.325
21.50	.656	.375
22.50	.719	.400
23.50	.781	.425
24.50	.813	.475
25.50	.844	.550
27.00	.844	.650
28.50	.844	.675
29.50	.875	.700
30.50	.875	.750
31.50	.906	.775
33.00	.969	.825
34.50	.969	.850
35.50	1.000	.925
38.00	1.000	.950
46.50	1.000	.975
54.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

P.8. Participants under 22 years: VABS II scores onto ISGSA scores of IQ.

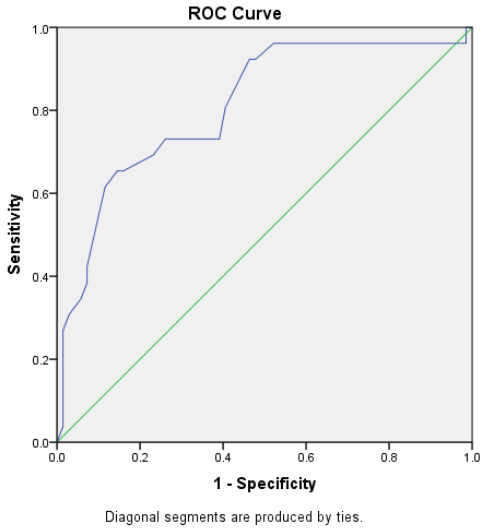

Figure P.8. Graphical Representation of the ROC Curve of VABS II Scores onto ISGSA Scores of IQ of the Participants Under 22 Years.

Table P.8.

Summary Information of ROC Curve of the VABS II Scores onto ISGSA Scores of IQ of the Participants Under 22 Years.

Case Processing Summary	
ISGSA IQ Moderate VS Severe[a]	Valid N (listwise)
Positive[b] (Severe)	26
Negative (Moderate)	69
Missing	130
Smaller values of the test result variable(s) indicate stronger evidence for a positive actual state.	
b. The positive actual state is 1.00.	

Area Under the Curve				
Test Result Variable(s): VABS II Overall Standard Score				
Area	Std. Error[a]	Asymptotic Sig.[b]	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.810	.051	.000	.710	.911
The test result variable(s): VABS2 Overall Standardised Score has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.				
a. Under the nonparametric assumption				
b. Null hypothesis: true area = 0.5				

Coordinates of the Curve
Test Result Variable(s): VABS II Overall Standard Score

Positive if Less Than or Equal To[a]	Sensitivity	1 - Specificity
19.00	.000	.000
27.00	.038	.014
34.50	.115	.014
35.50	.154	.014
38.00	.269	.014
40.50	.308	.029
42.50	.346	.058
44.50	.385	.072
45.50	.423	.072
46.50	.615	.116
47.50	.654	.145
48.50	.654	.159
49.50	.692	.232
50.50	.731	.261
51.50	.731	.290
52.50	.731	.391
53.50	.808	.406
54.50	.923	.464
55.50	.923	.478
56.50	.962	.522
57.50	.962	.623
58.50	.962	.797
59.50	.962	.855
60.50	.962	.870
61.50	.962	.971
62.50	.962	.986

64.50	1.000	.986
67.00	1.000	1.000

The test result variable(s): VABS II Overall Standard Score has at least one tie between the positive actual state group and the negative actual state group.

a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.